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Pennsylvania Medicine

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Volume 90, No. 7 JULY 1987

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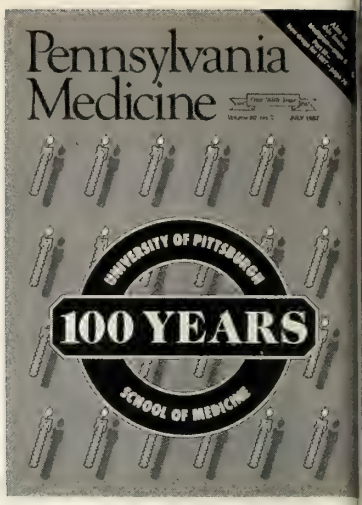

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MEDICAL BOARD POSTPONES REPORTING REQUIREMENTS

A portion of the regulations on the use of controlled sympathomimetic amines, scheduled to be effective July 17, 1987, has been delayed due to the intervention of the Pennsylvania Medical Society. Still effective July 17 is the prohibition of the use of Schedule II drugs for weight control. On June 23, however, the State Board of Medicine delayed the implementation of the balance of the regulations until October. Meanwhile the board will develop new regulations establishing reporting requirements when sympathomimetic amines are prescribed. The change in rules on reporting was prompted by the objection of PMS to possible violation of patient confidentiality under the original proposal.

GOVERNOR VOWS STRONGER PROFESSIONAL LICENSING

Charging that the professional licensure system in Pennsylvania "has become a shambles," Governor Robert P. Casey on June 22 promised full enforcement of the state's licensing laws. Secretary of State James Haggerty, whose department has jurisdiction over the Bureau of Professional and Occupational Affairs, joined the governor in outlining a plan to revamp the bureau. Included are the addition of 63 staff members to the 167 now employed and fee increases for most of the groups now licensed by the 25 boards, including the State Board of Medicine. The State Society for many years has urged that the Medical Practice Act be enforced more efficiently, at one time suing the state to force action.

KEYSTONE PRO RENEWS CONTRACT WITH HCFA

The Keystone Peer Review Organization (KePRO) has renewed its contract with the Health Care Financing Administration effective July 1, 1987. KePRO was established by PMS two years ago to assume the peer review and DRG monitoring functions mandated under the prospective payment system adopted for hospitalized patients covered by Medicare. KePRO is negotiating separately to include in their contract the review of ambulatory surgical procedures performed in hospitals on an outpatient basis and in freestanding surgical facilities. The Omnibus Budget Reconciliation Act of 1986 (OBRA) requires the inclusion of ambulatory surgery in all contracts effective on or after January 1, 1987.

INSURANCE AGENT NAMED DIRECTOR OF CAT FUND

The new executive director of the Medical Professional Liability Catastrophe Loss Fund is Joseph Pulcini Jr., of Martins Creek, near Bethlehem, PA. Pulcini, 34, had been an agent for Medical Protective Co. Pulcini will earn $48,000 annually with the CAT Fund, an independent agency established under the Health Care Services Malpractice Act to provide professional liability coverage beyond the basic limits of $200,000/$600,000, which providers must carry, up to $1 million. The CAT Fund is maintained through a surcharge on individual providers' basic premiums, which in 1987 amounted to 87%.

DRUG ABUSE TASK FORCE HOLDS FIRST MEETING

The Society's new Task Force on Drug Abuse, established by the Board of Trustees in March, held its first meeting May 20 under the chairmanship of Lee H. McCormick, MD. Appointed by PMS Chairman J. Joseph Danyo, MD, to serve with Dr. McCormick are Drs. Lawrence S. Greenfield, Danville; Christopher D'Amanda, Philadelphia; Raymond C. Grandon, New Cumberland; Roberta L. Schneider, Wyncote; Robert McDermott, medical director of the PMS Impaired Physician Program; and Mrs. Robert Wasko, representing the Society's Auxiliary.

EXAMINATIONS SCHEDULED FOR X-RAY TECHNICIANS

July 31, 1987 is the deadline for applications to take radiological technology examinations for compliance with recent amendments to the Medical Practice Act and the Osteopathic Medical Practice Act. The amendments prohibit auxiliary personnel from performing radiologic procedures, unless they have met certain standards, after December 31, 1987. The two boards have approved four radiologic procedure examinations offered by the American Registry of Radiologic Technolgists (ARRT). Applications to take any of these examinations must be filed with the boards by July 31, 1987; the examinations will be administered October 15, 1987, the only time the examinations are available before January 1, 1988. Applications will be mailed to physicians having radiologic equipment. Additional applications are available on request from the boards at P.O. Box 2649, Harrisburg, PA 17105-2649.

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Drug Interactions: The CNS-depressant effects of VICODIN may be additive with that of other CNS depressants. When combined therapy is contemplated, the dose of one or both agents should be reduced. The use of MAO inhibitors or tricyclic antidepressants with hydrocodone preparations may increase the effect of either the antidepressant or hydrocodone. The concurrent use of anticholinergics with hydrocodone may produce paralytic ileus.
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Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
Gastrointestinal System: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. Prolonged administration of VICODIN may produce constipation.
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Revised, April 1982 5685

1. Hopkinson JH III: *Curr Ther Res* 24: 503-516, 1978.
2. Beaver, WT *Arch Intern Med*, 141:293-300, 1981.

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editorial

A plea for death certificate accuracy

"Statistics are somewhat like old medicine journals, or like revolvers in newly opened mining districts. Most men rarely use them, and find it troublesome to preserve them so as to have them easy of access; but when they do want them, they want them badly." John Shaw Billings in *Medical Record* 36: 589, 1889.

Accurate vital statistics are important to medical research efforts especially in the areas of epidemiology and occupational diseases. For those communicable diseases that are reportable to the Department of Health (on a state level), numbers are quite accurate. But mortality data for the remaining unreportable diseases, including chronic or industry-related diseases, are much less reliable.

Death certificates serve as the basis of most of the information on health for the entire United States. It is generally agreed that the factual (name, address, date, residence) portion of the certificate is reliable; the medical cause of death, much less so. One study asserts an overall accuracy rate of only about 71 percent. Gittelsohn and Senning, in their paper on "Reliability of vital health records" from the *American Journal of Public Health,* July 1979, said "A review of the literature on accuracy of cause of death certification documents that major problems exist in the quality of the information being collected, coded, tabulated, and disseminated by vital statisticians, demographers, epidemiologists, and other users of vital data."

Traditionally, death certificates have served as a legal vehicle in disposition of the body for burial and establishment of claims on the estate of the deceased. Since cause of death rarely enters into disposition [except in cases of proved or suspected infectious diseases, homicide, or suspicious death] or estate management and distribution, verification of cause of death has been afforded limited attention. The certificates are rarely altered to reflect new information on cause of death, such as that obtained from a post-mortem examination or additional facts pertaining to occupational exposures that may have contributed to demise.

One of the problems is that the importance of recording the specific cause of death is not recognized. Detailed, factual data are especially important to cancer researchers who are tracking site-specific information. They also are important to preventive and industrial medicine physicians following environmental or occupational influences. Secondary or underlying causes of death like coal workers pneumoconiosis often go unrecorded. Underlying causes tend not to be recorded. Deaths that result from an underlying mental disease or disorder often are not attributed to that. Deaths that occur as a result of elective procedures (surgery or other therapeutic intervention) are ascribed to the condition rather than the complication. Anesthetic death during wisdom tooth removal might be described as "tooth extraction."

There is a need to improve the accuracy of information on the cause of death and to establish methods of recording reliable death statistics. More attention should be given to the importance of the entries and the amount of detail recorded on the death certificate. Co-morbidity data should be included where it can be proved or is strongly suspected. Non-fatal diseases and other contributing disease factors ought to be included. Environmental influences, especially where work-related or suspected occupational factors have contributed, ought also to be cataloged. When it becomes apparent through additional information obtained after death, either from post-mortem examination or other methods, that the cause of death requires alteration, this should be completed in a timely and accurate manner.

A system already exists for maintaining all of the necessary information. The registration of births, deaths, fetal deaths and other vital events in the United States is primarily a state and local function. The civil laws of every state provide for a continuous and permanent birth and death registration system. If the present system cannot be modified, then another source of mortality statistics should be sought. The Pennsylvania Health Care Cost Containment Council, as one of its information gathering projects, will be looking at mortality data. It is not inconceivable that this group could establish a vital, accurate, and reliable database for cause of death statistics.

Perhaps the death certificate is intended to be only a legal document and the medical cause of death recorded thereon is of secondary interest. But so long as it is the source of vital information, the demand for more accurate and detailed information is not inappropriate. The medical community is capable of meticulous attention to detail. We must continue in that tradition and recognize the importance of entries on the death certificate.

David A. Smith, MD
Medical Editor

Editor's note: Please see a related article, "Sudden cardiac death deserves its own medical code," elsewhere in this issue.

Medical schools in state confer degrees on 1,214

The state's seven medical schools and one osteopathic medical college awarded 1,214 degrees to new physicians at ceremonies in May and June. This total is down 44 from last year's 1,258 graduates, a 4 percent drop. While the total number of graduates in the state declined, the number of women receiving degrees increased by 29, a growth of 8 percent over last year. A total of 413 women earned degrees this year, more than a third of those who received degrees.

Hahnemann University School of Medicine

Hahnemann University awarded 172 degrees to 130 men and 42 women at the 140th commencement, June 1. Exercises were held at the Academy of Music, Philadelphia.

Representative William H. Gray III, chairman of the U.S. House of Representatives Budget Committee, addressed the graduates. Gray, a Philadelphian, was first elected to Congress in 1978, but has remained the pastor of his church in Philadelphia.

At the ceremony, the university presented honorary degrees to Congressman Gray, who was awarded an honorary doctorate of humane letters, and to two others. Julius Axelrod, PhD, a biochemist and pharmacologist who won the Nobel Prize in medicine and physiology in 1970, received an honorary doctor of science degree. John C. Haas, director of the Rohm and Haas Company in Philadelphia and chairman of the William Penn Foundation, also received an honorary doctorate of humane letters.

Jefferson Medical College

Jefferson Medical College conferred 207 degrees on 145 men and 62 women at its 163rd commencement on June 5. Exercises were at the Academy of Music, Philadelphia.

Allergist John P. McGovern, MD, and Neurosurgeon Tai Joon Moon, MD, spoke at the ceremony. Dr. McGovern is director of the McGovern Allergy Clinic in Houston, Texas. He is past chairman of the Board of Regents of the National Library of Medicine and has held ten professorships in American institutions. Dr. Moon completed his residency and fellowship in neurosurgery at Thomas Jefferson University Hospital before returning to his native Korea to set up the department of neurosurgery at Yonsei University Medical College there. During his 14 years of service as a member of his country's National Assembly, he helped draft a law establishing a national medical insurance program, which improved access to treatment for many people in Korea. Currently, Dr. Moon is serving in his third term as president of the Korean Medical Association. In 1985, he was president of the World Medical Association.

Dr. McGovern received an honorary doctor of literature degree, and Dr. Moon was awarded an honorary doctor of laws degree.

Medical College of Pennsylvania

At the 135th commencement of the Medical College of Pennsylvania, 116 degrees were awarded to 50 men and 66 women. The exercises were held May 30 at the Academy of Music, Philadelphia.

U.S. Representative William H. Gray III, five-term congressman representing Philadelphia County, spoke to the graduates. Gray is chairman of the House Budget Committee.

The University of Pittsburgh Medical Alumni Association has published a history of Pitt's School of Medicine called "A Century of Medical Excellence." The book, written by local author Barbara I. Paull, and illustrated with photographs from the university's collection, traces the development of the medical school from its birth in 1886 to the present.

"A Century of Medical Excellence" is available for $35 at the University of Pittsburgh Book Center, the Health Center Book Store, and the medical school's alumni office.

The medical college presented honorary degrees to Congressman Gray and two others. Gray received an honorary doctor of laws degree. Dorthea D. Glass, MD, an alumna of the school's class of 1954, was given an honorary doctorate of medical science. Dr. Glass is chief of the rehabilitation medicine service at the Veterans Administration Medical Center in Miami, Florida. Russell Ross, DDS, PhD, received an honorary doctor of science degree. Dr. Ross is chairman of the department of pathology at the University of Washington School of Medicine.

Also at the ceremony, six members of the college's class of 1937 received citations for 50 years in medicine.

Pennsylvania State University College of Medicine

A total of 59 men and 25 women earned the 84 degrees awarded at the 17th commencement of the Pennsylvania State University College of Medicine. The exercises took place May 17 in Founders Hall, Hershey.

C. McCollister Evarts, MD, dean of the university's college of medicine, addressed the graduates. His topic was "Reflections on the Hippocratic Oath."

Penn State's college of medicine will observe its 20th anniversary this fall. Including this year's graduation, the school has awarded 1,360 medical degrees so far in its history.

Philadelphia College of Osteopathic Medicine

A total of 199 doctor of osteopathy degrees were conferred on 132 men and 67 women at the 96th commencement of the Philadelphia College of Osteopathic Medicine. Exercises were held May 31 at the Academy of Music, Philadelphia.

The college presented an honorary doctor of laws degree to Jon J. O'Brien, JD, DO, the associate dean of students and associate professor of psychiatry at Georgetown University School of Medicine. Dr. O'Brien is a 1975 graduate of Philadelphia College of Osteopathic Medicine.

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cine awarded 171 degrees to 116 men and 55 women at its 83rd commencement, May 28. The medical degrees were given at a separate ceremony following the university's general exercises.

Martin Goldberg, MD, dean of the school of medicine welcomed the graduates to their profession. Faculty members Todd Sagen, MD, and Richard Eisenstaedt, MD, also spoke to the students. Dr. Sagen is from the department of family medicine, and Dr. Eisenstaedt is from the department of medicine at Temple.

University of Pennsylvania School of Medicine

A total of 84 men and 59 women earned medical degrees from the University of Pennsylvania School of Medicine. The 143 degrees were presented at a special ceremony on May 18, at the university's Franklin Field.

A member of the school's faculty, Frank Sterling, MD, addressed the graduating class. Dr. Sterling is associate professor of medicine at the university.

University of Pittsburgh School of Medicine

The University of Pittsburgh School of Medicine awarded 122 degrees to 85 men and 37 women at its 100th medical school commencement on May 11. The graduation exercises, which were a part of the medical school's year-long centennial celebration, were held at Carnegie Music Hall, Pittsburgh.

Carola B. Eisenberg, MD, dean for student affairs and lecturer in psychiatry at Harvard Medical School, spoke to the graduates. George M. Bernier Jr., MD, new dean of the medical school, participated for the first time in Pitt's graduation ceremonies.

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Eye & Ear Institute dedicates new headquarters

The new, ten-story headquarters building of the Eye & Ear Institute of Pittsburgh was dedicated on May 15, 1987—just five days following the close of the University of Pittsburgh's bicentennial year celebration.

George M. Bernier Jr., MD, dean of the University of Pittsburgh School of Medicine, opened the dedication ceremony by noting that it marked the first significant event of the university's

third century. The Eye & Ear Institute of Pittsburgh is an independent partner of the University of Pittsburgh Schools of Health Sciences and the University Health Center of Pittsburgh. All institute researcher-clinicians serve as faculty members of the University of Pittsburgh School of Medicine.

The institute's new diamond-shaped building is located at 203 Lothrop Street, across from the Eye & Ear Hospital in the Oakland section of Pittsburgh. Access between the two institutions is provided by a third-floor, glass-enclosed skywalk. When the Eye & Ear Hospital became a part of the University of Pittsburgh Health Sciences system in 1985, the institute was created to further research in ophthalmology and otolaryngology and to provide ambulatory care.

Multidisciplinary collaboration hailed

Physicians and scientists at the institute cite ongoing interaction with their clinical counterparts at area hospitals as well as their colleagues in the basic medical sciences as a vital factor contributing to the success of their research programs. Speaking for the institute's Ophthalmic Research Center, Richard A. Thoft, MD, said this interaction and collaboration set up the potential for significant advances in the diagnosis and treatment of ocular disease. "At the University of Pittsburgh," he added, "this 'multidisciplinary collaboration' has resulted in one of the most successful organ transplant programs in the world. We intend to match it in eye care."

The Eye & Ear Institute comprises two major research centers—the Ophthalmic Research Center and the Otolaryngology Research Center. In addition, the institute houses outpatient clinics, resident teaching clinics, the Pennsylvania Lions Laser Center, the Medical Eye Bank of Western Pennsylvania and the Blair-Lippincott Medical Library (the only library between New York and Chicago devoted exclusively to specialized materials on the eye, ear, nose, and throat).

Ophthalmic center under Dr. Thoft

The Ophthalmic Research Center is headed by Dr. Thoft, chief of ophthalmology at the Eye & Ear Institute and the Eye & Ear Hospital, and professor and chairman of the University of Pittsburgh School of Medicine's department of ophthalmology. He previously served as associate professor of ophthalmology and assistant chief of ophthalmology at the Massachusetts Eye and Ear Infirmary at Harvard Medical School. In addition to his Eye & Ear Institute responsibilities, he is involved in the activities of the National Eye Institute.

Dr. Myers directs otolaryngology

The Otolaryngology Research Center of the Eye & Ear Institute is led by Eugene N. Myers, MD, chief of otolaryngology at the Eye & Ear Hospital, and professor and chairman of otolaryngology at the University of Pittsburgh School of Medicine. Dr. Myers also serves as national chairman of the Working Group on Upper Aerodigestive Tract Cancer of the National Cancer Institute.

"With the completion of the new building," said C. Talbott Hiteshew, Jr., president and chief executive officer of the Eye & Ear Institute, "we have the largest single facility in the country devoted to the study of the eye, ear, nose, and throat." Hiteshew, for many years vice president and then senior vice president at Mellon Bank, brings 30 years of experience in finance to his new position. Speaking about the future of the new facility, he said, "Our leadership, facilities and programs are in place. We have both the select talent and the will to achieve remarkable progress."

Dr. Myers added, "Because of the institute "we're now able to begin research in areas we couldn't even think about before." He said the work of the institute's ophthalmic and otolaryngologic research teams may lead to new "firsts" for Pittsburgh.

Physicians must respond to crime victim's board

The Pennsylvania state legislature has amended the Crime Victim's Compensation Act to codify the reporting responsibilities of health care and service providers.

The Crime Victim's Compensation Board, established by the original act, reimburses victims of crime or their survivors for financial losses due to the crime. To assess the losses, the board, with the consent of the claimant, collects documents from physicians and others who assisted the victim with either care or benefits.

The amendment to the act requires providers of services (including physicians and hospitals) to respond in writing within 30 days to the board's requests for confirmation under the act. Providers who fail to respond in that time may be fined up to $10 per day until they comply.

Linda C. Barrett, Esq., legal counsel for the board, said prompt response on the part of the providers will facilitate payment of claims. During its years of operation, the board has had cooperation from most providers.

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Poor, minorities losing access to care in U.S.

Although the majority of Americans report being satisfied with their general medical care, in the last four years access to medical care has deteriorated markedly for the nation's poor, minority, and uninsured citizens.

This was a principal conclusion of a special report, "Access to Health Care in the United States: Results of a 1986 Survey," that was issued April 30 by the Robert Wood Johnson Foundation.

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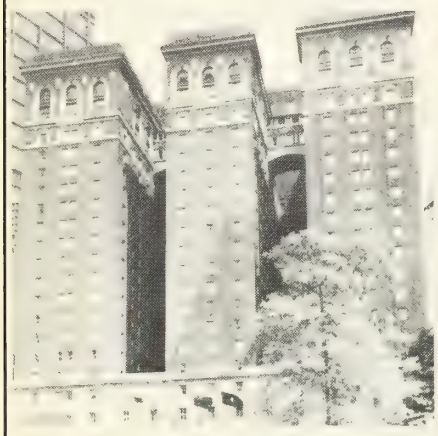

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Based on a survey conducted one year ago, the report draws attention to the declines in access to medical care among the poor since a similar national survey in 1982. Access to medical care is measured by a combination of factors: use of various health services, including physicians, hospitals, and emergency rooms; satisfaction with the care received; and health status.

According to foundation Senior Vice President Robert J. Blendon, "We're in the midst of dramatic changes in the U.S. health care system. But, these changes haven't necessarily improved access to health services. In fact, a number of improvements in access to health care have been reversed since the last national access survey in 1982. The result is that the gaps have widened between the majority of Americans and those who are uninsured, the poor, and minorities."

According to the report, some of the most striking declines in access to health care have occurred among the nation's Hispanic population. The percentage of Hispanics reporting no regular source of care tripled (from 10 to 30 percent) since the previous survey. Twenty percent of Hispanics report themselves in fair or poor health, and one in five is uninsured.

The general population had less frequent contact with the health care system in 1986 than in 1982. The majority of Americans, however, remain satisfied with the care they receive, and consider themselves in good or excellent health.

Major findings in the report are:

- More than 16 percent of Americans—38.8 million people—needed health care during the year before the survey but had difficulty obtaining it. For half of these, the problem was financial; an estimated one million people actually tried to obtain care but could not afford it.
- Eighteen percent of respondents, or nearly 43 million Americans, say they have no physician, clinic or hospital that is their regular source of medical care.
- For the adult poor, the number of ambulatory visits declined by 30 percent between 1982 and 1986. For the elderly poor, ambulatory visits declined 20 percent. In addition, nearly 16 percent of people with a chronic or serious illness did not have an ambulatory visit in the year prior to the survey. (Ambulatory visits were those to physicians, other outpatient services, or mental health services.)
- Hospitalization use declined by 29 percent for all groups. The insured were hospitalized at a rate one-and-a-half times greater than the uninsured.
- One-third of poor children did not have an ambulatory visit in the year prior to the survey, compared to 23 percent of nonpoor children. Twice as many poor as nonpoor children had no regular source of medical care (15 percent versus 7 percent).

Uninsured people are twice as likely to be without a regular source of care than the insured; they also had 27 percent fewer ambulatory visits and a slightly higher rate of medical emergencies.

The special report is based upon a comprehensive survey of the American public conducted under the direction of Howard E. Freeman, PhD, of the University of California at Los Angeles, with the cooperation of the Survey Research Centers of the University of Illinois and the University of Wisconsin.

The Robert Wood Johnson Foundation became a national philanthropy in 1972, and has since made grants totaling more than $750 million to improve health care in the United States.

Act 2 of 1987 amends Medical Practice Act

Governor Robert P. Casey signed into law in May a bill correcting an error in the Medical Practice Act of 1985. The corrective legislation is Act 2 of 1987. The original language required that a physician be on the premises when either diagnostic or therapeutic radiation is performed. The new law retains the requirement that a physician be on the premises for therapeutic radiological procedures, but removes the requirement when technicians conduct diagnostic x-rays.

The Pennsylvania Medical Society supported the legislation.

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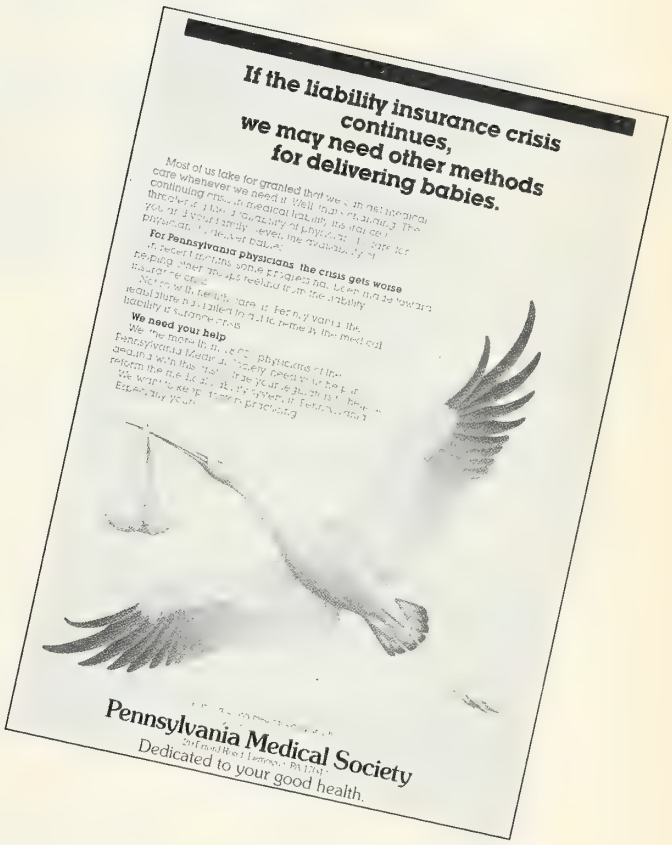

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JCAH enters quality assurance competition

A new organization is now providing health care facilities with on-site technical assistance in quality assurance and risk management. Quality Healthcare Resources, Inc. (QHR), a not-for-profit subsidiary of the Joint Commission on Accreditation of Hospitals (JCAH) in Chicago, has been established to assist health care facilities in improving their quality assurance and risk management activities.

Initially, QHR will provide technical assistance in the following content areas:

- organization and management of quality assurance programs
- methods for the medical staff and other clinical departments to monitor and evaluate quality of care
- development and use of occurrence screening and clinical risk identification in risk management
- development and use of information systems to support quality assurance and risk management functions
- development of effective medical staff bylaws, rules and regulations
- approaches to credentialing and privilege delineation.

"QHR's consultant staff will consist of qualified professionals. They will be drawn from a variety of backgrounds and settings and will include administrators, physicians, nurses, and others," said Dr. Jessee. "In providing assistance to facilities, we will match our consultants' experience and knowledge with the type of facility, the nature of its services, and the type of assistance it needs." Services will be priced on a per engagement basis and will vary depending upon the scope of the engagement and the types and numbers of consultants involved.

The services of QHR are independent of the survey and accreditation process of the JCAH and are offered as an educational resource to health care facilities.

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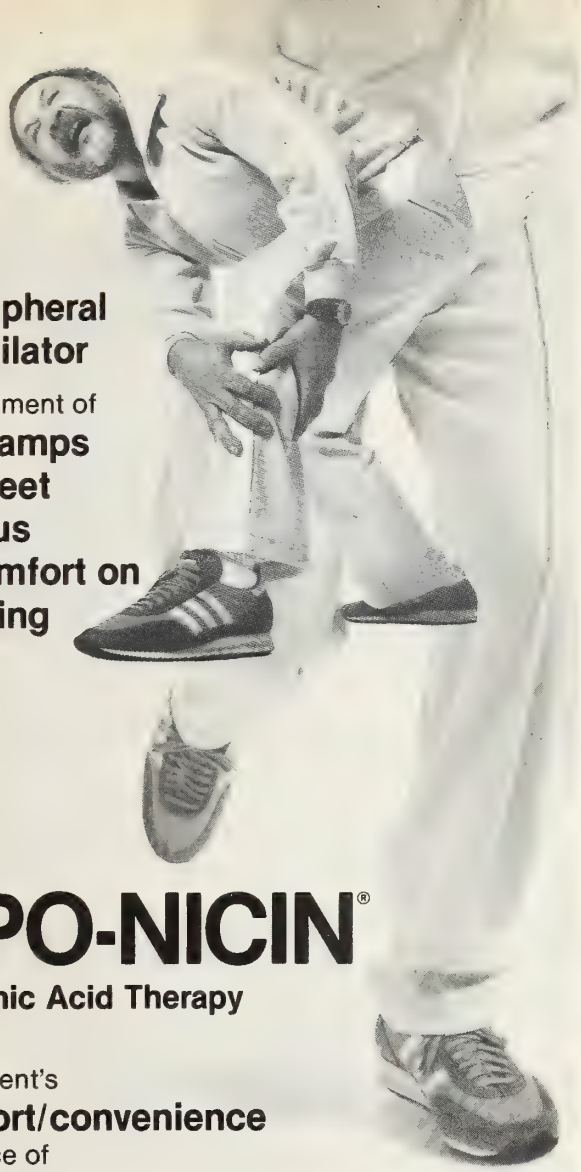
Hershey sponsors contest

Hershey Medical Center has opened its second annual competition in literature to physicians, students, staff members, and patients affiliated with the institution. Hershey's Center for Humanistic Medicine, the originator of the contest, is accepting until July 15, 1987, submissions of poems, short stories, essays, and longer pieces about the experience of individuals involved either directly or indirectly with medical care.

The work will be judged on content as it relates to humanistic medicine and literary quality. The winning entrant will receive a $600 prize, and additional prizes may be awarded by the judges.

Manuscripts should be sent to Thomas V. N. Ballantine, MD, Director of the Center for Humanistic Medicine of Milton S. Hershey Medical Center, PA 17033.



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APA names Dr. Paul Fink president elect

The American Psychiatric Association (APA) has chosen Paul J. Fink, MD, Philadelphia, as its new president elect. Dr. Fink is chairman of psychiatry at Albert Einstein Medical Center and medical director of the Philadelphia Psychiatric Center. He is professor and deputy chairman of the department of psychiatry at Temple University Health Sciences Center.

Dr. Fink previously served as vice president of the APA and directs the American Health Fund, an organization working to educate the public about mental illness. He developed an examination program used to measure the progress of psychiatry residents, and in 1982 received the APA's Vestermark Award, given for excellence in the field of medical education.

A past president of the Philadelphia Psychiatric Society, Dr. Fink also is an

associate examiner for the American Board of Psychiatry and Neurology.

He said continuing to fight discrimination against the mentally ill and addressing psychiatric patients' insurance needs are his priorities now and when he assumes the office of president of the APA next year.

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Thoracic surgeons to meet

The Pennsylvania Thoracic Society has scheduled its Second Annual Scientific Session and Annual Meeting for September 11-13, 1987, at the Four Seasons Hotel, Philadelphia.

The scientific session will focus on updates and new concepts in pulmonary medicine. Also, five fellows of the society will present case reports. A committee will choose the outstanding report, and an award will be presented to the author. An informal film-reading session and a "fun run" for attendees are also highlights of the meeting.

For more information on programs or registration, contact Kaye M. Miller, Chapter Administrator, Pennsylvania Thoracic Society, P.O. Box 4213, Harrisburg 17111; telephone (717) 564-4850.

Public health group meets

On September 29 and 30, 1987, the Pennsylvania Public Health Association will hold its annual conference. The meeting is at the Tamiment, a Poconos mountain resort.

For more information about the conference, contact Catherine J. Becker, MPH, Health Risk Reduction Program, Pennsylvania Department of Health, P.O. Box 90, Harrisburg 17108; telephone (717) 787-5900.

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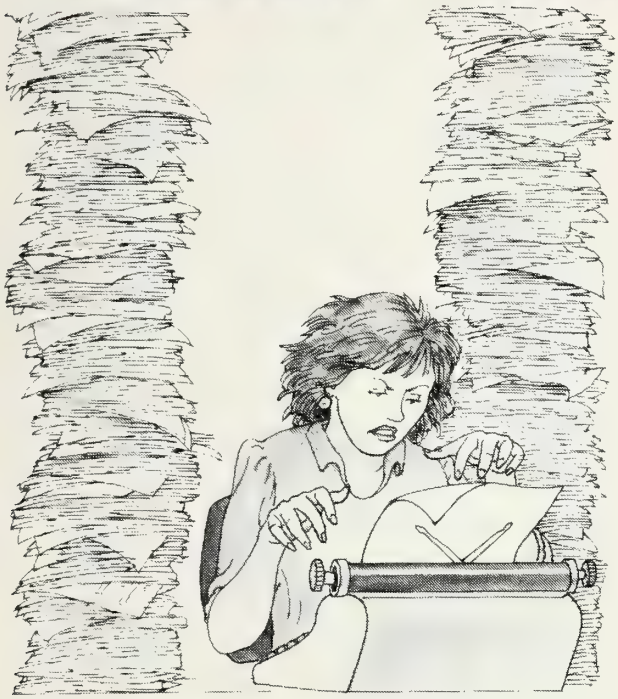

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People learn, physicians teach in classic exhibit

It was a classic. *Medicine in Action*, an AMA pilot project, combined community health education with membership comradery as the Allegheny County Medical Society became the first medical society to put "medicine in action" in Pennsylvania.

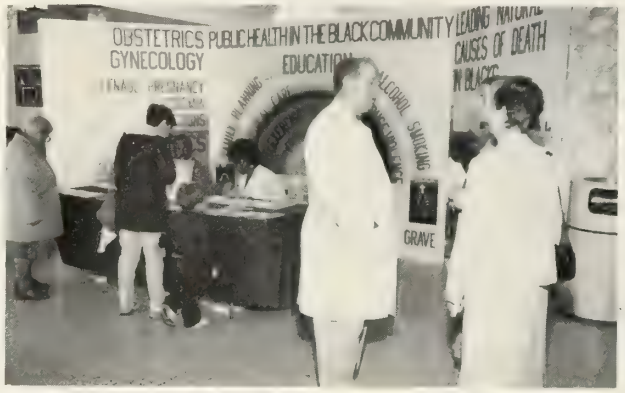
Over 200 physicians staffed this state-of-the-art medical exhibit on May 1 and 2 at Monroeville Mall near Pittsburgh's northern boundary.

Work on the 15 exhibits that made up *Medicine in Action* began late last year when local specialty societies, medical students, and auxilians were contacted by ACMS President Gilbert A. Friday, MD. "The plan was to construct hands-on participatory displays featuring the latest medical techniques and technologies," Dr. Friday explained.

Local school groups participated in the balloon launch kick off of the exhibit. BodyWorks characters—a smiling heart and jolly stomach—roved the mall. The public was able to test its diagnostic skills at radiology's light board, see a demonstration of arthroscopic surgery, examine an actual Jarvik heart, view a human chromosome through a microscope, plot height and weight against that of peers, and ask the doctors any medical questions. Popular with the teens was the medical student exhibit where they could analyze cases by computer.

The relaxed atmosphere of the shopping mall made this interchange most effective, commented George Buerger, Jr., MD, ACMS treasurer and coordinator of the ophthalmology exhibit. A sense of community among the participating physicians was evident also—an added bonus.

Medicine in Action was funded by the Allegheny County Medical Society and its foundation. "Because of the positive response we have received from the public and especially our participating members, we anticipate making this an annual event," said Diane C. Wuycheck, ACMS director of communications and project coordinator. "It is a very effective way to showcase medicine and to give the county medical society and the foundation an upfront project in the interest of the community."



At left, the Gateway Medical Society's colorful rainbow exhibit drew many visitors, including, in the foreground, Dr. Gilbert Friday, president of ACMS, and his wife and daughter. Dr. Friday brought the exhibit idea from the AMA to Pittsburgh. Below, "Doc Bob" Cicco and the pediatrics exhibit puppets show off for television cameras.

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Wednesday, September 23, 1987

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Associate Professor of Ophthalmology
Clinical Associate Professor of Neurology
Oregon Health Sciences Center
Chief of Neuro-Ophthalmology
Good Samaritan Hospital, Portland, Oregon

Lenworth N. Johnson, M.D.
Assistant Professor of Ophthalmology and Neurology
Pennsylvania State University, Hershey, PA

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Robert F. Saul, M.D. (717) 271-6531
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CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic).

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.
Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.
Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women, therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.
Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.
In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.
The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic	Petechiae, pruritus, photosensitivity, urticaria
Other	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

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References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers. Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116.

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Legislature to decide on living will law

Kenneth B. Jones, Esq.

Living will legislation has been introduced into the two most recent sessions of the Pennsylvania General Assembly. In 1986, living will legislation passed the Senate but was not acted upon by the House in the waning days of the 1985-1986 session. In 1987, living will legislation already has passed the Senate and is now before the House. Public hearings in the House are expected.

The living will is part of the larger issue of the withholding or withdrawing of medical treatment from terminally ill or irreversible comatose patients. Neither Pennsylvania case law nor Pennsylvania statute provide a direct statement on the law in the Commonwealth but the decisions from courts in at least 17 other states can provide some guidance. While there have been differences in the details of both reasoning and conclusion, those decisions from other states might be reasonably summarized as follows: The patient's consent to medical treatment is required before treatment can be given. Therefore, at least where the patient is terminally ill or irreversible comatose, the patient may decline to consent or refuse medical treatment.

Many terminally ill and all comatose patients are incompetent to make treatment decisions; therefore, someone must make that decision for them. Increasingly the courts are recognizing a member of the patient's family as the appropriate decision maker. At least where the patient has expressed his wishes, the decision maker should attempt to make the same decision the patient would have made if competent to do so. Obviously prior statements by the patient are relevant in determining what the patient would have decided. *A living will then is simply a treatment directive made by the patient when competent to be effective if the patient is incompetent when the treatment decision must be made.*

If, as is likely, the Pennsylvania courts will reach similar conclusions, a living will now can be safely followed in Pennsylvania; more generally, physicians now appear to face no substantial risk of malpractice liability from the entry of a "do not resuscitate" order or other withholding or withdrawal of treatment from terminally ill or irreversible comatose patients in accordance with the discussion above and accepted standards of practice.

Living will legislation is nonetheless desirable to remove the uncertainties arising from reliance on case law from other states. All living will legislation must do is recognize that a written treatment directive should be followed and that physicians incur no liability for doing so. Living will legislation, however, typically includes additional provisions and these additional provisions will probably be the basis for much of the anticipated debate over such legislation.

Four categories of additional provisions probably will be the subject of much of that debate. First are the provisions concerning the execution of a valid living will. Commonly living will legislation requires that a living will be witnessed. Sometimes provisions requiring that witnesses have no financial interest in the estate and other restrictive requirements for witnesses are added; sometimes signatures must be notarized for the living will to be valid. These requirements tend to insure against fraud but also tend to discourage the execution of living wills.

Second are the provisions designed to limit the scope of living will legislation because of a concern that living wills are a step on a slippery slide leading to state recognized euthanasia. Among these types of provisions are provisions that narrowly define the scope of living will legislation or clearly exclude the comatose patient from coverage. More controversial perhaps are provisions that require that artificial nutrition and hydration always be provided except in very narrow circumstances. Such provisions are contrary both to the AMA ethical statement on withholding and withdrawing medical treatment and to the few relevant court decisions.

Third are those provisions that address the pregnant woman and the circumstances under which she may terminate treatment. Policy and constitutional issues similar to those in the abortion controversy arise.

Finally are provisions that provide for designated family members or others to make the decision in the event no living will is executed. These could help physicians faced with disagreement within the family by designating the closest relative as the person to make the treatment decision.

Living will legislation then has at least the potential to do more than simply recognize present acceptable standards of care in the treatment of terminally ill or comatose patients and could result not only in recognition but also in modification of present practices.

The author is general counsel for the Pennsylvania Medical Society.

Philadelphia physicians edit hand surgery text

Techniques in hand tendon surgery and therapy have been compiled in a new book by three senior members of the Hand Rehabilitation Center, Ltd., Philadelphia.

James M. Hunter, MD, Lawrence H. Schneider, MD, and Evelyn J. Mackin, LPT, edited "Tendon Surgery in the Hand," a source on research and clinical management for orthopaedic, general, and plastic surgeons and therapists with an interest in hand surgery. The book was published by the C.V. Mosby Company, St. Louis, Missouri.

The text is a consolidation of papers and panel discussions presented at the 1984 Philadelphia Tendon Symposium, "A Decade of Tendon Surgery," and includes information from internationally recognized experts in the field. The symposium was cosponsored by the Hand Rehabilitation Foundation, associated with the Hand Center, and Thomas Jefferson University.

The cover of "Tendon Surgery in the Hand" was illustrated by Miguel Pirela-Cruz, MD, a fellow at the Hand Center.

Diabetes library established in Luzerne County

Ronald I. Harris, MD

Luzerne County, located in the northeastern region of Pennsylvania, has a higher than average incidence of diabetes mellitus and a higher rate of deaths directly related to diabetes. When I joined the board of directors of the Luzerne County Chapter of the American Diabetes Association in 1981, I expressed my belief that diabetes education would help to lower the incidence and death rate, and this idea was supported by the board.

The board of this local ADA chapter is comprised of various health care professionals representing private, public, profit, and not-for-profit organizations. All are volunteers. The team has worked together to increase diabetes awareness and to offer traditional community education programs, including free public lectures, support groups, literature, and testing equipment. A chapter newsletter was established to help keep members abreast of current events related to diabetes, to offer pertinent information, and to bind the local chapter into a cohesive group.

In September of 1985, I proposed to the board the concept of a regional diabetes library for Luzerne County, incorporating audiovisual aids, periodicals, textbooks, computer-generated programs, and having a toll-free number for information on various aspects of diabetes care, provided on prerecorded tapes. My idea was to design the library for use in conjunction with the diabetic's physician, nurse educator, dietician, and exercise specialist. Furthermore, it would be housed in the Osterhout Free Library, Wilkes-Barre, where librarians would be able to assist individuals in locating materials.

Pictured are some of the people who helped establish the Regional Diabetes Library of Luzerne County. Seated from the left are Ronald I. Harris, MD, the originator of the project; Maryann McAndrew of Mercy Hospital; and Patricia Ruda of General Hospital. Standing from the left are Lee Muroski of Luzerne County Federation of Women's Clubs; Irene Kennedy of Boscov's department store; Betsy Trzcinski of Nesbitt Memorial Hospital; Peg Adams and Dorothy Knafla from the department of health; Roberta Hughes from Geisinger-Wyoming Valley Medical Center; and Michael Simko, president of the Luzerne County Chapter of the American Diabetes Association.

The Luzerne County Federation of Women's Clubs agreed to fund the project. I formed an Education/Library Committee, consisting of board members from the local ADA chapter, educators and dieticians from four hospitals, and representatives from the public health department, and the Osterhout Free Library. The committee met several times a month from November, 1985, through October, 1986, to establish and finalize details of the library, such as the selection of library holdings, listings, and availability.

In April, 1986, the Luzerne County Federation of Women's Clubs held their annual Federation Day at Boscov's department store in Wilkes-Barre. Proceeds from this project, which were donated to start the diabetes library, yielded almost $16,500. In May, we acquired a computer and printer.

Initially, the library had funds to operate for approximately two years. A benefactor of the Osterhout Library whose family has diabetes agreed to donate monies to fund the library through 1991. Currently, the board of the diabetes library is considering establishing a non-profit organization to continue funding the project.

The library opened officially on October 26, 1986. The community participated in opening day festivities that included a ribbon-cutting ceremony and brief comments by principals involved with the project. The Regional Diabetes Library of Luzerne County, brought about by the belief in the role that education plays in reducing morbidity and mortality associated with diabetes, has been greatly used since its inception.

For me, it has been an especially rewarding and fulfilling experience. If we have helped to decrease, over time, the cost of medical insurance for those who are diabetic; if we have prevented one hospital admission; if we have saved one leg, then we have helped in the best area—that of prevention.

Dr. Harris is an endocrinologist in Kingston.

Business, medicine studies combined in new program

A new cooperative program initiated by Drexel University and the Medical College of Pennsylvania (MCP), both in Philadelphia, will allow students to combine medical education with study in business administration.

Under the agreement, medical and doctorate students at MCP can pursue business administration studies at Drexel's College of Business Administration. Drexel business students can take courses in health care delivery at MCP. Also, each year, up to two Drexel undergraduate students majoring in business may receive contingency acceptances to the medical college. Final acceptance will be based on academic performance.

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capital commentary

Senate health committee chairman lists issues

A new health care agenda is emerging for the Commonwealth as the new administration settles in and a new legislative session begins to roll. There are even new chairmen, in both the state Senate and House of Representatives, for the committees on health and welfare.

Senator John E. Peterson, chairman of the Senate Public Health and Welfare Committee, said in a recent interview, that issues surrounding the disease AIDS are salient, and pointed to health care cost containment, public health problems, and care of the indigent as important matters for discussion. Representing the 25th district in northwestern Pennsylvania made up of Elk, Forest, McKean, Potter, and Warren, and parts of Clarion, Erie, and Venango counties—he was elected to the Senate in 1984, after serving for seven years in the state House.

AIDS legislation predicted

"AIDS (acquired immune deficiency syndrome) is uppermost in people's minds when it comes to health issues," said the senator. "Issues surrounding AIDS have burst onto the scene—few other issues are getting more coverage."

The health and welfare committee has concentrated its efforts so far on learning more about the disease. The senator said the committee held caucuses in which Secretary of Health N. Mark Richards, MD, other members of the health department, and officials from the Centers for Disease Control in Atlanta briefed them on AIDS. "One problem associated with this disease is that there is much we don't know, and that causes fear," the senator said.

"There was good participation in the caucuses, and we had several long question and answer sessions," he continued. As a next step, the senator plans to schedule bipartisan meetings with the health department and other state departments, and with representatives from various health related organizations, "trying to get everyone's ideas and views" in the hope that "we do not have a lot of competing bills, but instead can move forward in one common direction."

It is premature to say what would be covered in an AIDS bill, the senator said, but he expects planning for education programs and confidentiality will be priorities. "Recently I met with school superintendents in my district, and they said they feel unqualified to deal with the AIDS issue," he reported. "They feel the medical community needs to be brought in if we are going to mandate education—that the person speaking to the students should be a medical provider. If physicians from the community are in the school systems talking to assemblies about AIDS, I think they would have more credibility than a teacher or someone else." The senator said some of his constituents have expressed the need for legislation insuring confidentiality for those being tested for HIV (human immunodeficiency virus).

Although AIDs currently is a bigger threat in urban areas, his own rural district also has been touched by the disease, the senator said. "This problem is found everywhere, and related problems—the epidemic of fear surrounding AIDS, as well as the cost of care and insurance for patients—are major concerns."

Free market favored

A former retail merchant, Senator Peterson said he "favors free enterprise with as little government regulation as possible." He applies this philosophy to medical cost containment, including the state's certificate of need program. "The pressures are growing, and there are a number of national leaders advocating that the government be highly involved with the practice of medicine." He said he believes the highest quality of care can be achieved by keeping the health care system "free and open," but that "it will be a struggle to do so," and health care providers will have to direct the course of medicine to insure a free market. The senator said he does not support the certificate of need program, pointing out that if the program is organized at the local level, there is a potential for biases to occur, while the function as it is currently handled by the health department is too slow a process. He said he does not think the program will have much impact in the future.

His philosophy, he emphasized, is to

pass as little legislation as possible, and let competition control the health care market. "If I have a complex health problem, I want to see a physician who deals with many cases like mine; who has an intimacy with the procedure involved. I think as people become more educated about health care, they will gravitate toward the institutions that become very good at the procedure they seek. However, we still need the primary care physician as the base for most of our care."

The senator said he expects the new Health Care Cost Containment Council in Pennsylvania to collect some interesting data, which will "help us all to understand better what is happening in the provision of health care.

"At present, I perceive that educating the general public in wellness can do more to control health care costs than any kind of restrictive legislation that destroys the system we have had in the past," he said, adding that he feels physicians should do more to emphasize healthful living habits. "I think the medical community needs to do a better job of teaching patients how to live a healthy life, because a majority of Americans and Pennsylvanians are not doing that.

"Businesses can also play a role in promoting wellness and can lower their health care costs by doing so. We are beginning to see major employers installing health centers with exercise equipment, and the cost of the equipment is minimal compared to what it can save them. In addition, I think we have to teach our young people in the schools that what they eat and do can determine how healthy they are."

Senator Peterson is the sponsor of Senate Bill 669, a measure to expand health care benefits by providing an insurance bridge for those not eligible for Medicaid. The bill calls for policies to be jointly funded by state and federal sources, and in part by the recipients.

In other areas, the senator mentioned his concern about the high rate of abuse of amphetamines in Pennsylvania and urged physicians to continue to make efforts to change the statistics.

Speaking about the liability insurance issue, the senator said that although "this issue will not come before the health and welfare committee, it is one that needs further discussion.

"A broad effort must be made," Senator Peterson warned. "The problem has spread to groups other than physicians, and all these groups should join hands in a combined effort for tort reform. There is a whole series of problems associated with liability insurance, and a combination of solutions is necessary." □

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- Stump the Professors—Moderator Walter Rubin, MD
- Anorectal Disease—James Reynolds, MD
- Newer Methods of Treating Hemorrhoids—Harold Rovner, MD

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special feature

Health cost containment council in high gear

Ernest J. Sessa

> 'The reality of these actions finally caught up with us and we found that although we had what we wanted—the best health care that money could buy—we no longer could afford it.'

On the higher plains of politics, people run for office because they want to help and serve the people. They serve citizens and the public by proposing laws and by voting to pass the good ones and defeat the bad ones. There are 50 senators and 203 representatives who serve the citizens of the Commonwealth. A simple majority is needed to pass proposed legislation into law.

On July 1, 1986, the House voted 200-0 and the Senate voted 50-0 to pass health care cost containment legislation, Senate Bill 293. The governor signed this bill into law on July 8, 1986. Why did the General Assembly overwhelmingly approve such a measure? Obviously, it was because they thought this was an extremely vital piece of legislation which would assist the Commonwealth in solving a problem perceived as very serious.

The General Assembly and the many constituencies who effectively lobbied for S.B. 293 saw runaway health care costs as the problem. They believed the new law, Act 89 of 1986, could help solve it.

Readers of this magazine are well-schooled in the issues of health care delivery, financing, costs, and utilization. It is unnecessary to restate the economics and statistics of health care growth over the last 10 years. Suffice it to say that the sky appeared to be the limit and that's where many felt we were headed. No one entity can be held accountable for the rapid expansion in health costs which occurred in the last decade, and one can argue that some of this expansion was beneficial and necessary. Much was unnecessary and inappropriate, however, and all of us who are part of the health care delivery and financing process must accept our share of complicity in it. This includes consumers for wanting only the best regardless of the cost; employers for providing health care benefits that required little or no responsibility of employees to avoid unnecessary or inappropriate use of care; providers of care who gave the best health care but with little regard to the cost, and federal and state governments, who took note, but did little about it. The reality of these actions finally caught up with us and we found that although we had what we wanted—the best health care that money could buy —we no longer could afford it.

The author is the executive director of the Pennsylvania Health Care Cost Containment Council. Previously he served as employee benefits director of the Pennsylvania Public Employees Health and Welfare Fund.

When this realization hit us we reacted like a person who suddenly realizes his depth of spending upon opening the bill from the credit card company. It was clear that behavior had to be adjusted and attitudes changed. The problem was that since we had indulged ourselves for many years, we know that it could take many years to effect the necessary changes.

And so the process started—slowly at first. But as time went on, we started to make some sense of the issues. We began to exhibit new attitudes and we made adjustments; we began to define the problem, identifying where we might be able to address it, and how to do something about it.

Most experts in the area of health care delivery and financing agree that there were four main items at the root of the escalating health care costs which had to be addressed:

1. The payment mechanism had to be reformed.
2. The consumer had to be educated and no longer insulated relative to the use of health care services and their costs.
3. There was not enough true competition in the field of health care delivery.
4. Good information on which consumers could make decision to purchase health care was not available.

Once these issues were identified, there was a move to develop solutions. Many variations of solutions were tried. Some appeared to be successful; others did not. These efforts resulted in the development of alternative delivery systems as well as in cost shifting and cost containment. In the beginning, alternate delivery systems were tolerated

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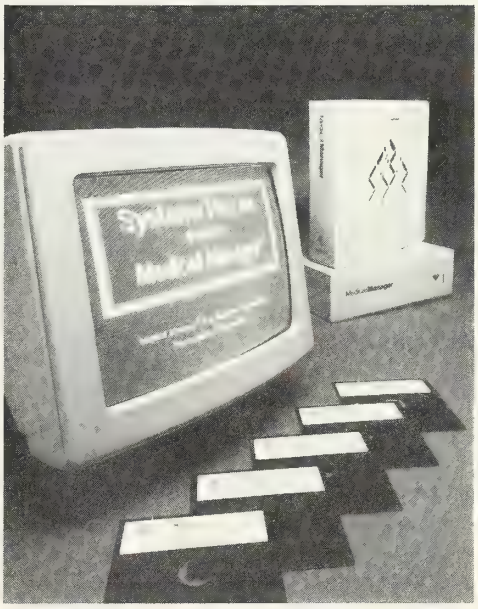

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but were very rarely joined. Cost shifting was identified and challenged. Cost containment efforts, such as utilization review and purchasers' alternatives to control health care expenditures, were attempted.

Alternate delivery systems have begun to gather in a much higher percentage of people. Cost shifting simply stated, requires the payors to use more than one pocket from which to get the money and is meeting with heavy resistance. Cost containment has more recently given way to the concept of managed care. All of this activity has helped to slow down and decrease the disastrous projections of the percentage of increases in health care costs. But in reality, health care costs have continued to rise. In fact, they have continued to rise more than the consumer price index and other measures of price in our economy. The amount of total dollars spent on health care has continued to rise, as has its proportion of the overall Gross National Product, at an unacceptable rate.

The bargaining tables of the large and small employers and unions continued to be littered with discussion relative to the extremely high cost to maintain employee health care benefits. Something had to be done and soon. At this point, state government and the Governors Task Force on Health Care Costs entered the arena. Over a 16-month period, a representative group of health care decision makers re-studied the problem of rising health care costs. This effort resulted in some new, and some old, proposals. They were presented to the governor, although never accepted, and were published. But the effort resulted in little, if any, change.

As might be expected, business and the labor were not satisfied and decided to take matters into their own hands. From the business community galloped in the Race Horse Group, comprised of representatives of various payors, insurers, and providers of health care. The goal of this group was to develop legislation that would bring some relief from rising health care costs. At the same time, the Pennsylvania AFL-CIO assembled a group of health care experts to develop legislation which would not only control the escalation of health care costs, but protect the most valued fringe benefit of its members—health care benefits. Both of these groups labored at this process for more than two years. The resulting proposed legislation from both groups was impressive. However, as much as it was impressive, it appeared too oppressive to the providers of health care.

It became apparent to both business and labor that neither of their legislative packages would stand a chance of passage without the other's support. Consequently, they entered into negotiations aimed at a compromise and a neutral organization was brought in to assist the process. Both business and labor believed that if legislation was to be successful, *all* parties in the health care system had to be included. The hospital association, the medical society, the insurance federation, Blue Cross and Blue Shield organizations, health maintenance organizations, and state government were solicited for input and support. Many more hours of discussion, compromise, and negotiations followed. The final result was a compromise proposal that everyone could support. This proposal was enacted and signed into law, becoming Act 89 of 1986, and creating the Health Care Cost Containment Council.

Even with this support, including the unanimous support of the General Assembly, the implementation of the dictates of Act 89 is fraught with adversity. The framers of this legislation were strict to ensure that every action taken by the Health Care Cost Containment Council would follow Commonwealth laws. The true purpose of the Act never varied from the first day of its inception: to provide information that could assist in educating purchasers of health care. This purpose was meant for all consumers: the rich, the middle class, and the poor. The Act states that all citizens should have the right and the access to necessary health care services. To ensure this, the Act mandates that the council undertake a study of the medically indigent—the poor who are uninsured or underinsured and those at risk of catastrophic health care expenses. The purpose of this study is to identify the medically indigent and to identify the fairest and most efficient method to provide services to these individuals.

The Act also states that uniform data from the providers of health care must be submitted to the Council. The data will be used for the purpose of comparison and as a determination of provider effectiveness and quality, for use by business, employers, consumers, the general public.

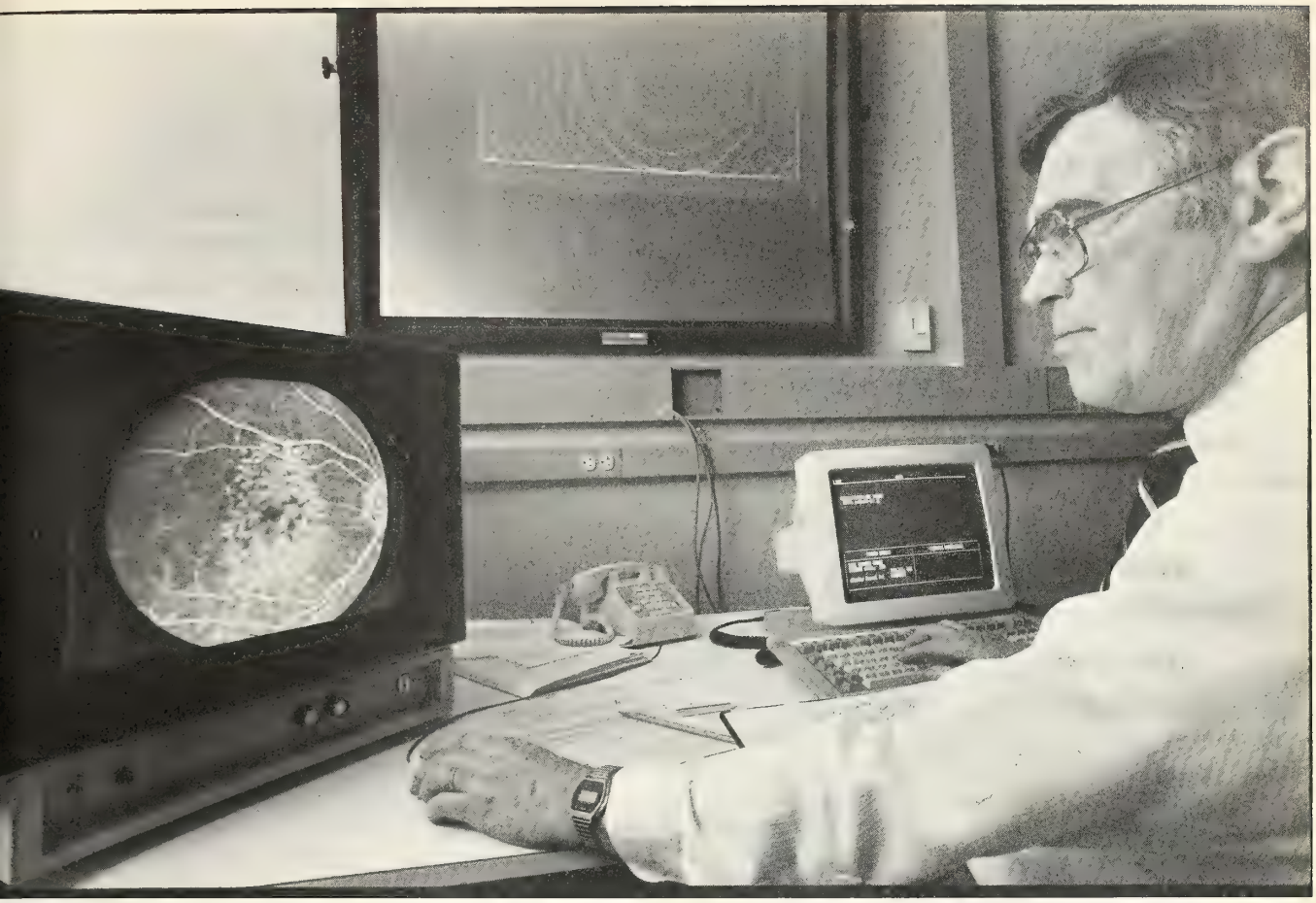
There are provisions in the Act requiring the council to review legislation which would mandate that certain health benefits or services be included in all health insurance policies written in the Commonwealth. Before the General Assembly considers the legislation, certain information is to be made available to the council for review to determine the impact on consumers, other providers, and the health care delivery system in general. The Act requires that this information be reviewed by experts empaneled by the Council.

All of the mandates of Act 89 are the responsibility of a 21-member council appointed by the president pro tempore of the Senate, the speaker of the House of Representatives, and the governor, from names submitted by constituencies representing decision makers in the health care community. The secretaries of health and public welfare and the state insurance commissioner are ex-officio members. This body has a difficult task but over the past six months has shown a remarkable commitment to its duties and has accomplished:

- Selecting an executive director from a list of over 225 candidates from across the United States.
- Selecting a contractor to conduct a study on the medically indigent.
- Adopting a format for all data sources (such as hospitals, physicians, third party payors) to follow in providing data to the council relative to cost and payment and provider quality and effectiveness of the services performed on an inpatient basis.
- Soliciting the services of experts to serve on the Mandated Benefits Review Panel.

All of these efforts require the utmost cooperation from all parties. These efforts also require that the council staff offer assistance to those who are required by law to respond to the Act's requirements. For example, the council staff successfully negotiated that the provider quality methodology be available in an abridged version for those hospitals which feel that they cannot afford or which do not desire to use the full version.

The Health Care Cost Containment Council represents the best opportunity for Pennsylvania to move forward toward a permanent solution to the problem of the rising costs of health care, but the decision-makers on the council cannot do it without the full cooperation of the medical community. □



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Pitt School of Medicine celebrates centennial

Karen K. Davis

Research administrator Samuel O. Thier, MD; medical education expert Robert G. Petersdorf, MD; and Harvard dean Daniel C. Tosteson, MD, were speakers at a symposium held May 7 at the University of Pittsburgh School of Medicine, marking its 100th year. George M. Bernier Jr., MD, dean of Pitt's medical school, presided at the program.

As part of its centennial celebration, the university's school of medicine sponsored a series of lectures in the 1986-87 school year. The series included talks by present and former members of the university's faculty who have made significant contributions to medicine and science and the half-day symposium featuring Drs. Thier, Petersdorf, and Tosteson. The symposium capped the lecture series and focused on the roles of education and research in the future.

George M. Bernier Jr., MD

Dr. Bernier opened the program with a talk on "Responsibilities and Responsiveness in Medical Research." Dr. Bernier, the tenth dean of Pitt's school of medicine, previously served as professor and chairman of medicine at Dartmouth Medical School. Board certified in internal medicine with subspecialties in hematology and oncology, Dr. Bernier has been actively involved in research throughout his career. The dean, who came to the medical school at the start of its centennial year, said two ideas form the basis of biomedical research—responsibility and responsiveness.

Researchers have a responsibility "to science itself, as well as professional and societal responsibilities," he said. To fulfill the first responsibility, the researcher must examine the work of previous investigators, pose a hypothesis, design experiments and conduct them "in a rigidly controlled manner," and interpret the meaning of results. "Sharing the results with the scientific community completes the second part of the researcher's responsibility," Dr. Bernier said, emphasizing that honest communication is essential. "Fraudulent scientific investigation is doomed from the time it is perpetrated," he said. "The scientific approach to problem-solving invariably requires duplication of results as the first step before moving to the second plateau of experimentation."

He expressed concerns that relationships between researchers and a growing biotechnical industry might endanger open communication of results. "The responsibility for researchers to share information must be affirmed in any arrangement where it could be jeopardized as academic and commercial interests compete," he said.

Dr. Bernier said medical schools provide one of the best environments for research, adding that the increasing complexity of both research and clinical care make it "extremely difficult for individuals to be at the cutting edge in both disciplines." He called for a partnership between basic scientists and clinical investigators and said medical schools should "insure that such a partnership flourishes."

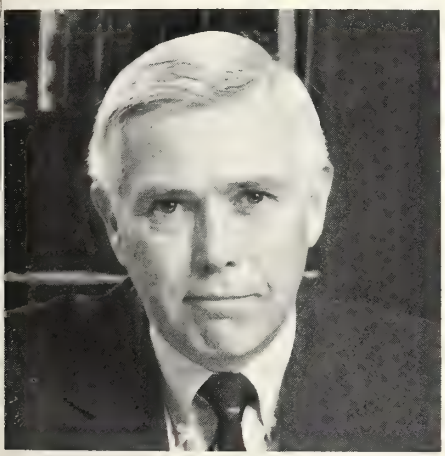
Saying he feels research is "most responsible when its subject matter is relevant to the problems of mankind," Dr. Bernier noted that researchers have adapted to face the challenges of new societal problems, citing the response to the disease AIDS (acquired immune deficiency syndrome) as an example. Knowledge of the immune system assembled over the preceding two decades allowed researchers to understand "the broad outlines of the disease process within the first year of the recognized epidemic," and the "commitment of biological research to the solution of the AIDS problem was rapid."

Closing his remarks, Dr. Bernier said the University of Pittsburgh School of Medicine is looking both backward and forward in its centennial year. "We look back to the efforts and attainments that have brought us to this point in our development," he said. "As for the future, I am confident our second century will find this school—its faculty and students—ready for challenges in biomedical research, and ready to act with a sense of responsibility to our profession and with responsiveness to the needs of our society."

Samuel O. Thier, MD

Dr. Thier, president of the Institute of Medicine of the National Academy of Sciences, also discussed research, centering on scientific and social values. Dr. Thier, who served on the faculties of the University of Pennsylvania and Yale University before his tenure at the National Academy of Sciences, said research is a "universal endeavor" that "cuts across all boundaries." Researchers, as part of this universal activity "receive from others a body of knowledge and concepts, shepherd that knowledge, advance it, and pass it on."

Creativity is a part of research, he continued. The creative process, "the



DR. BERNIER

DR. THIER

ability to see how disparate concepts can come together and be expressed in some new way that adds to our understanding of how they operate," is the underpinning of research, Dr. Thier said, adding that it is "innovation and insight rather than the focus and methodology" that are important for discovery.

Basic and applied research should both be valued, he said. "We spend an enormous amount of useless energy trying to decide which of these we wish to exclude from our value system. The energy ought to be spent making sure that all important elements are included within our system. I would say a value system that says creativity is primary is just as correct as the value system that says suffering must be alleviated, and that arguing about them divides us and does not allow a medical school to operate the way it should.

"We need to be sure that our philosophy includes concern that we may be omitting an important perspective rather than acting as if we are protecting the holy grail by having one perspective dominant," he said.

Speaking about medical education, Dr. Thier noted that in the "early part of this century—when the United States became the focus for advances in medicine—we had three major conceptional foundations for medical education: that it would be based in the universities; that concepts would be taught whenever possible instead of rote knowledge; and that it would incorporate a structured clinical experience. When we hear pleas to change medical education because the population is getting older, or because it doesn't deal with nutrition, we must keep in mind that this system, for the last 100 years, has turned out physicians capable of adapting to enormous changes in medicine." Dr. Thier said modifying physicians to function in the existing system is a postgraduate issue. He said that although we should reduce the number of people we are training in medicine, we must make sure the training process produces high quality physicians.

In an interview following the symposium, Dr. Thier said he feels the pluralistic aspect of the current system for research in the United States is working well. He said there will always be some degree of politicization in medical research because there tends to be a great interest there and constituents press their representatives to support specific research. "I suspect there always has been some politicization—that's why our institutes are focused categorically on heart disease, cancer, and so on, instead of broadly on physiology and biochemistry. I'm not struck that there's a dramatic change in this area," he said, also noting the recent pressure for research on AIDS.

Now that problems between the National Institutes of Health and the Pasteur Institute in France over the AIDS virus priority have been settled, Dr. Thier said cooperation between various

DR. PETERSDORF

international research groups is even more likely to occur. One place where competition could thwart advances is in the industrial sector, "where some of the payoffs of biotechnology are going to be high," and there will be a temptation to keep the information in a proprietary fashion. "That kind of competition is not necessarily destructive, but it does mean information may not be shared as readily as it should," he said, adding that "the competition in science in the university laboratories in this country is a stimulating competition. Scientists know others who are working on a problem and they share information, and advances are made."

On another matter, that of care of the indigent in this country, Dr. Thier said there must be a minimum standard established for the poor, and that the responsibility for insuring care is provided should be shared by the federal and state government, and by the health professions. He said the nation, in light of its growing number of frail elderly, must establish a policy for long-term nursing care.

Robert G. Petersdorf, MD

Dr. Petersdorf, the president of the Association of American Medical Colleges (AAMC) and clinical professor of medicine at Georgetown University School of Medicine, spoke on future challenges in medical education. He prefaced his remarks by saying they reflected his own opinions and not AAMC policy, adding that there is a current feeling that "the educational experience most medical students receive may not be appropriate for physicians who will spend most of their lives practicing in the 21st century."

Stating that critics of the medical education system have said it is too narrowly based, that many of the preclinical courses do not teach students how to keep up with the rapidly evolving world of science, and that students are not taught how to communicate, Dr. Petersdorf named some reasons for the problems in the system, and suggested some possible solutions.

Teaching, he said, must not take a back seat to research. In some institutions there has been a tendency "to bestow academic accolades only on researchers, and a failure to reward strong clinician teachers. A modern medical school needs good clinician teachers as well as good investigators," he said, explaining that he is a champion of "a two-platoon system, with the researcher teacher in one platoon and the clinician teacher in the other."

The university can no longer expect to have "triple-threat academicians—outstanding in teaching, research, and patient care," Dr. Petersdorf said. "In this time of expanding knowledge and of many demands," a university with excessive expectations will have a faculty that is "always reacting and rarely thinking."

Other reasons for problems in the system are that institutions place more emphasis on graduate education than on medical education, and that departmental barriers sometimes interfere with teaching, he said.

Dr. Petersdorf criticized many medical school curricula as being "too tightly structured in the beginning and too permissive in the fourth year." He recommended as changes in the first two years eliminating departmental barriers, cutting lecture time and pro-

moting teaching in small group sessions, requiring research projects, and teaching communication skills. The third year, he said, should be a "clinical sampler, in which the student is introduced to the major primary and specialty disciplines," and the fourth year should be a rotating internship including "medicine, surgery, pediatrics, neurology, and a sampling of family and community medicine."

Other changes Dr. Petersdorf suggested included having several faculty members, whose major function would be teaching, operate "teaching laboratories" focusing on outpatient care; and changing medical school entrance requirements so that students could gain a broader premedical education. "For the sake of economy," he said, "we need to consider the fact that medical and graduate education are linked. This, in turn might require the student to remain in the same institution and its affiliated hospitals for seven years."

The high cost of medical education, and the issue of students' indebtedness may have two adverse affects, according to Dr. Petersdorf: "First, it may keep some students out of medical school altogether, and second, it may affect career choices in favor of the more lucrative subspecialties causing an over-supply in those areas."

He advocated controlling the number of foreign medical graduates trained in the United States and matching the number of graduate students in specific areas of medicine to projections of need in those areas as ways to avoid having an over-supply of any one specialty.

Dr. Petersdorf said he feels we need not fewer doctors, but "a different mix" with "more generalists and fewer subspecialists." It is hard to predict whether there will be too many physicians in the future "because of the length of the pipeline," he said. "We are beginning to see some corrective trends. In the last four or five years the number of people who have graduated has fallen by about 600—or 2.7 percent." If that trend continues, and is coupled with the aging population in the U.S., there may not be a surplus of physicians, he said. "What is clear is that no one thinks there should be an expansion. I think there should be modest and selective cut-backs. If the number of applications falls and we want to maintain the quality at a certain level, we are going to have to cut back the number of people we take."

"But," he added, "even if we cut back now it will be years before we see any results."

Dr. Petersdorf does not foresee many medical school closings in the future, although "some may have to cut down in size." He added, "If some means were devised to enable physicians to give care to that segment of the population that is presently underserved there would be plenty for physicians to do. That's not a medical school problem in my view; it's a societal problem, and if we were willing to allocate funds for health care for people who are not insured, I think the issue of a physician glut would be eliminated." He suggested trading off some defense expenditures, levying new taxes, and expanding the concept of the national health service corps—rendering care in exchange for education—as ways to pay for care for the poor.

DR. TOSTESON

Daniel C. Tosteson, MD

The closing speaker at Pitt's centennial symposium, Dr. Tosteson, called for a new pathway for medical education. Dr. Tosteson, the dean of Harvard Medical School and president of the Harvard Medical Center, described two aspects of medicine—the changing facets driven by discoveries in science, and the unchanging nature of illness and the communication between people. "It is apparent that the new discoveries and practices are proceeding at an accelerated pace, and yet our relationship with the patient remains the same," he said. "This condition requires a serious reexamination of medical education. He challenged the University of Pittsburgh to help shape medical education to fit the changing times.

"We must help our students see portraits of man, not only as an organism, but also as a member of society, and we must help them see each individual as a unique person," he went on. He advocated using computers and similar tools to master the expanding knowledge base and to allow more effort to be concentrated on "learning how to communicate with other people." Dr. Tosteson said that although this aspect of education is not easily formulated, it needs to be addressed. He recommended more active and less passive roles in learning for the students, giving students the opportunity to work in small groups, and teaching clinical medicine in an ambulatory setting as well as in the hospital. He also said that, in the medical schools, faculty should consider establishing a new organization that cuts across the departments and is responsible for the entire sequence of education.

Like Dr. Petersdorf, Dr. Tosteson sees the need for a broader premedical education. At Harvard, he said in an interview following the program, "we look for competent performance in the traditional courses, but also for some special spark—some indication of unusual capacity in some direction. We like to have a diversified class and we aim toward preparing individuals to be leaders in the fields of medicine they choose."

As for what lies ahead for current medical students, Dr. Tosteson said the opportunities for "helping sick people are better than they have ever been." The challenge of bringing new knowledge to effective use in treating sick people is greater than ever before, making medicine a "wonderful and exciting profession," he said.

In other areas, he said physicians play an important role in promoting preventive medicine and they should advocate exercise and nutrition regimens, adding that he believes preventive medicine will probably not reduce the overall cost of health care on a long-term basis, because an effective prevention program will increase the number of aging people, who will eventually use additional resources for care. On the issue of health care for the uninsured, he said correcting the current situation would require a "public responsibility of all citizens for financing," and it would have to be set up by the government.

All three speakers congratulated Dr. Bernier and the University of Pittsburgh School of Medicine on its record during the first hundred years of its history, and encouraged its faculty to continue to adapt to changes as it fulfills its missions of education and research in its second century. □

Centennial prompts recall of school's history

Karen K. Davis

The University of Pittsburgh School of Medicine is 100 years old! Throughout the 1986-87 school year, the school of medicine has been celebrating its centennial with events commemorating its past. To further mark its 100th year, the medical school has issued several publications documenting its history. The texts show how the school was influenced both by its leaders and by its location, and how past events have molded the school to its present shape. This synopsis of the school's first 100 years was drawn from information in the university's centennial publications.

Building a school

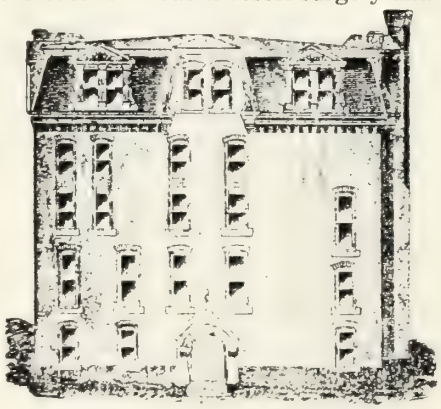
Established by a stock company made up of eleven physicians and one lawyer, the Western Pennsylvania Medical College (now the University of Pittsburgh School of Medicine) welcomed its first class in the 1886-87 academic year. The college was formed, as one centennial publication reports, "with no outside funding, and no support from an existing medical or educational institution, . . . and it consisted of one five-story red brick building on Brereton Avenue in what is now the Polish Hill section of Pittsburgh."

Obstetrician John Milton Duff, MD, who as an undergraduate at the University of Pittsburgh wrote editorials urging the university to establish a medical school, was one of the original founders of the Western Pennsylvania Medical College. Dr. Duff, designated professor of obstetrics, gave a welcoming address to the school's first class of 57 students, who began study in the fall of 1886. The school's first faculty totalled 22; all but one—J. F. Slagle, professor of legal medicine—were practicing physicians on the staff of the Western Pennsylvania Hospital. In 1887, 21 students, including one woman, received medical degrees from the Western Pennsylvania Medical College at the school's first commencement ceremony.

The school's first dean was James Bissett Murdoch, MD, a graduate of the College of Physicians and Surgeons in New York. Another founding faculty member, surgeon James McCann, MD, one of the first physicians to advocate controlled research as a means for making medical advances, reported to the local medical society about his experiments on the antiseptic treatment of wounds.

In 1892, the Western Pennsylvania Medical College and the Western University of Pennsylvania were joined. Although the medical school became the medical department of the university, it was allowed to operate as a self-governing and self-sustaining entity until 1908, when Western University, now renamed the University of Pittsburgh, purchased the school outright for $100,000.

Upon the death of Dr. Murdoch in 1897, the school appointed its second dean, J. Chris Lange, MD. Dr. Lange, who was characterized by one of his contemporaries as being more interested in "assuring the school's financial survival through higher enrollments than in maintaining its academic excellence," served until 1909, when he was replaced by Thomas Shaw Arbuthnot, MD, who strove to increase the school's prestige by teaching new courses, hiring faculty, and upgrading academic standards. Among those appointed by Dr. Arbuthnot were Charles C. Guthrie, MD, and Davenport Hooker, MD. Dr. Guthrie, who served as chairman of physiology, published in 1912 "Blood Vessel Surgery and its Application," the base for modern vessel surgery and organ transplantation. Dr. Hooker, who served as chairman of anatomy from 1914 until 1947, took the first motion pictures of human fetal movement, using a World War I surplus 35 mm camera. During Dr. Arbuthnot's tenure, a new medical school building was erected on the campus of the University of Pittsburgh, located in the city's Oakland section. Academic training was given in this building, named Pennsylvania Hall, while clinical training took place at the city's larger hospitals.



Western Pennsylvania Medical College

Medical center started

Dean Arbuthnot resigned in 1919, and Raleigh Russell Huggins, MD, succeeded him. Dr. Huggins worked to establish a medical center as part of the school. Inspired by the 1919 Carnegie Foundation Survey that called for closer unity between medical schools and teaching hospitals, and warned by the Commonwealth of Pennsylvania that the school must be affiliated with a hospital for Pitt graduates to be licensed to practice medicine, Dr. Huggins oversaw the school's purchase of land for a hospital and negotiated an affiliation with nearby Magee Hospital. Other Pittsburgh institutions, Children's Hospital, Eye and Ear Hospital, and later Presbyterian Hospital agreed to relocate to the newly purchased site. "Medicine advances most rapidly where there is a close relationship between the general practitioner, the researcher, the specialist, and actual hospital work," Dean Huggins wrote in support of the medical center.

Through the generosity of Leon and Maurice Falk, the medical school built an outpatient clinic as a part of its medical center. The Falk Clinic, which opened in 1931, treated "as many as 800 outpatients daily, most of them free of charge" during the early days of the Great Depression.

The medical center continued to grow, incorporating Women's Hospital (which later became part of Presbyterian Hospital), and the Western State Psychiatric Hospital, built by the Commonwealth of Pennsylvania, and finally

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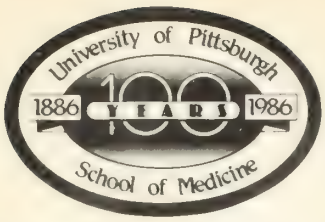

purchased by the university in the 1940s. By the late 1930s the medical center was physically united to the university's campus.

Research important

When Dean Huggins died in 1938, his assistant, William S. McEllroy, MD, succeeded him. Dr. McEllroy was a graduate of the University of Pittsburgh School of Medicine and had served for 20 years on the school's staff. The fifth dean's administration was marked by a movement toward occupational medicine that led to the formation of Pitt's Graduate School of Public Health; an acceleration of courses to prepare physicians for duty in World War II; recruitment of faculty who would contribute to national research; and the continued effort to attract corporate and private donors to finance research and education.

Two researchers recruited by Dr. McEllroy were Benjamin Spock, MD, and Jonas Salk, MD. Dr. Spock, author of the best-selling book on childhood development, "Baby and Child Care," was recruited to serve with two other physicians in the administration and development of the Western State Psychiatric Institute. This three-man team approach was unsuccessful, and Dr. Spock left Pitt after several years, but not before establishing several programs, including the Arsenal Health Center project where he observed behavior of local children. To bring Dr. Salk aboard, Dean McEllroy "gathered his salary from four different departments and found him laboratory space on the bottom floor of Municipal Hospital." Dr. Salk's investigations related to poliomyelitis led to the development of the first successful vaccine against the disease.

Dean McEllroy also added Klaus Hoffmann, PhD, a protein chemist, and cancer researcher Bernard Fisher, MD, to the faculty.

Funding new facilities

As the research program expanded, more space was needed. The school made plans to build new facilities, and its principals worked to raise money for the construction of Scaife Hall, named for philanthropist Alan Magee Scaife.

In 1953, Robert Alan Moore, MD, a pathologist, left his position as dean of the Washington University School of Medicine to become the first vice chancellor for health professions at Pitt. He was in charge of all five of the university's health schools—medicine, public health, nursing, pharmacy, and dentistry. Dr. Moore, "a bold, polished speaker and theorist" soon "dominated the school of medicine as Dean McEllroy abdicated his responsibilities." Dr. Moore oversaw the funding and the groundbreaking for the new school building.

A fire that destroyed part of the framework and materials for the new building set back its construction. Dr. Moore raised some additional funds and work on the site continued; however, financial difficulties beset the project and he resigned in 1957 after a tenure of three years.

The next year Dean McEllroy retired and a search committee chose Francis Sargent Cheever, MD, to replace him. Dr. Cheever was on the faculty of Pitt's Graduate School of Public Health in the department of epidemiology. A Harvard graduate from a family of physicians, Dr. Cheever strengthened the admissions policies while expanding the student population, built a larger full-time faculty, updated the medical school curriculum, and strengthened the relationship between the medical school and its affiliated hospitals.

Development continues

Dr. Cheever recruited Peter J. Safar, MD, to head a newly created department of anesthesiology. Dr. Safar developed programs in resuscitation, emergency medicine, respiratory therapy, and intensive care. Also under Dr. Cheever's leadership, the university's schools of dentistry and pharmacy moved to new quarters from Scaife Hall, reserving Scaife for the medical and nursing schools. The medical center underwent changes, too. In 1962, Presbyterian Hospital, with the help of the university, bought Women's Hospital and formed two new institutions: Magee-Womens Hospital, "created through an alliance of two gynecology-oriented hospitals, and Presbyterian-University Hospital, now the major general care teaching center for the medical school."

In 1965, the University of Pittsburgh became a state-related school, accepting an annual operating appropriation and some funds for capital expansion from the Commonwealth of Pennsylva-

Pitt's Health Center today: 1. Presbyterian-University Hospital; 2. Eye and Ear hospital; 3. Western Psychiatric Institute; 4. Graduate School of Public Health; 5. Childrens Hospital; 6. Falk Clinic; 7. Montefiore Hospital; 8. Salk Hall; 9. Victoria Hall; 10. Pennsylvania Hall; 11. Pitt Stadium; 12. Scaife Hall.

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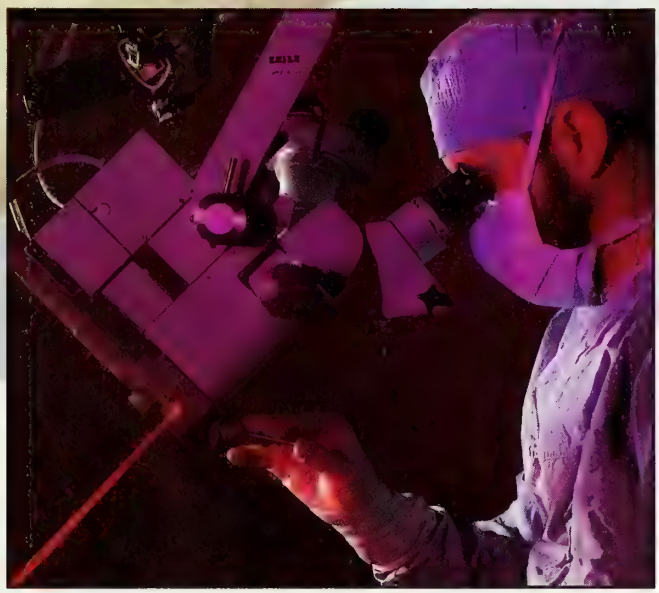

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nia and in return reducing the tuition for state residents.

Dr. Cheever accepted a position as president of the board for the University Health Center, and Donald N. Medearis Jr., MD, chairman of the department of pediatrics, became the new dean. Dr. Medearis, described as "a thoughtful and articulate man with a commitment to equal opportunity," worked to increase the number of minority students who received medical educations at Pitt.

Dr. Medearis recruited Thomas Detre, MD, from Yale University, as chairman of the department of psychiatry and director of the Western Psychiatric Institute, which Dr. Detre formed into a center for research as well as treatment.

In 1974, when Kansas City attorney Nathan J. Stark was considered for the position of vice chancellor for the health professions, Dr. Medearis opposed the appointment. Dean Medearis, "sensing that Stark was less interested in academic than in business matters," submitted his resignation shortly after Stark was hired.

The next dean, Gerhard Werner, MD, was chairman of the school's department of pharmacology. Dr. Werner listed as goals increasing emphasis on medical education and primary care, and the reorganization of the basic science departments.

Also in 1965, the University Health Center of Pittsburgh was formed as a separate corporation with its own board consisting of representatives from each of the affiliated entities. In 1969, Montefiore Hospital, which had been loosely affiliated with Pitt as a teaching hospital since 1957, became a full member of the health center. This brought the number of hospital members of the health center to six—Presbyterian-University Hospital, Magee-Womens Hospital, Eye and Ear Hospital, Children's Hospital of Pittsburgh, the Western Psychiatric Institute, and Montefiore Hospital.

Donald N. Leon, MD, a cardiologist, followed Dr. Werner as dean. Appointed in 1979, Dr. Leon recruited new clinical chairmen, including Thomas E. Starzl, MD, who performed the world's first liver transplant operation and then the first double transplant—of a heart and liver.

Under Dr. Leon's administration, the full-time faculty increased in size and a new research facility was built. The University of Pittsburgh and its affiliated hospitals, along with Carnegie Mellon University, created the Pittsburgh Cancer Institute to provide comprehensive care to cancer patients.

Looking ahead

Upon Dean Leon's resignation in 1984, Dr. Detre served as interim dean. In 1986, at the beginning of its centennial year, the medical school welcomed George M. Bernier Jr., MD, an immunologist and oncologist from Dartmouth University, as its new dean.

Dr. Bernier said he was attracted to Pitt because of its "unique geographic franchise." As the only medical school in the area, Pitt has "a responsibility for the education, both of physicians-to-be and the continuing education of physicians who are part of the community," adding that the school shoulders an even broader responsibility—"to be the scientific and research focus for its region."

Dr. Bernier said the coming together of the hospitals and the university puts the health center in a position to deal "in a strong way with adversities that are besetting all health care institutions."

In the area of education, Dr. Bernier believes the next few years will bring a movement toward a more liberal educational background as preparation for medicine. He also forsees changes in medical schools' curricula, including using computers in a variety of ways in education, emphasizing teaching in an ambulatory setting, and stressing the learning of skills rather than the acquisition of rote knowledge.

Dr. Bernier said he looks forward to the opportunity to play a role in the future development of the medical school.

Founded because of the community's need for physicians, the University of Pittsburgh School of Medicine advanced under the leadership of those who sought to make it a center of excellence. Today, the institution is a national medical center with 1,318 students, residents, and postdoctoral trainees; 1,371 faculty and staff members; six hospitals; and over $130 million a year in external funding. As the first 100 years of its history draw to a close, the university is reaffirming its commitment to teach physicians and to foster research. □

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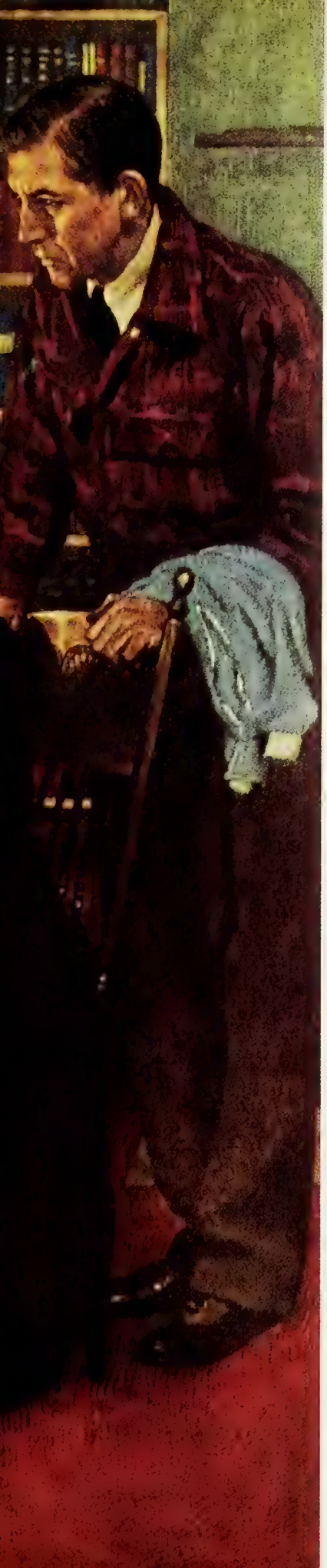

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obituaries

• *Denotes PMS membership at time of death.*

Jasper E. Bontomase, Barnegat, New Jersey; George Washington University School of Medicine, 1936; age 75, died April 17, 1987. Dr. Bontomase practiced medicine in Muncy for 50 years before his retirement last year. •

Emmet F. Ciccone, Philadelphia; University of Pennsylvania School of Medicine, 1931; age 83, died May 9, 1987. Dr. Ciccone was former chief of pathology at Nazareth Hospital, Philadelphia. •

Nicola Desiato, Philadelphia; earned his medical degree in Italy, 1958; age 60, died May 1, 1987. Dr. Desiato was an internist. •

Herman H. Feissner Jr., Freeland; Jefferson Medical College, 1933; age 80, died April 2, 1987. Dr. Feissner was a general practitioner. •

Joseph B. Heister III, Allegheny Township; Jefferson Medical College, 1961; age 55, died April 22, 1987. Dr. Heister was a family practitioner. •

Frank R. Kinsey, Lewistown; Jefferson Medical College, 1943; age 73, died April 13, 1987. Dr. Kinsey came to Lewistown as the first radiologist at Lewistown Hospital and held the position of radiologist there until 1981. •

Warren Lang, Philadelphia; Jefferson Medical College; 1943; age 68, died April 19, 1987. Dr. Lang was professor of obstetrics and former chairman of the department of pathology at Thomas Jefferson University. •

Charles Spiegel, Pittsburgh; earned his medical degree in Scotland, 1938; age 77, died April 20, 1987. Dr. Spiegel was former chief of urology at Forbes Metropolitan Health Center, Pittsburgh. •

Russell R. Tyson, Savannah Georgia; Jefferson Medical College, 1945; age 66, died April 19, 1987. Dr. Tyson was a retired chief of surgery for the Chester County Hospital in West Chester. •

Arthur C. F. Zobel, Clark's Summit; Temple University School of Medicine, 1962; age 50; died April 27, 1987. Dr. Zobel was a radiologist. •

Fred L. Norton, Connellsville; University of Pittsburgh School of Medicine, 1935; age 77, died April 18, 1987. Dr. Norton was a general practitioner.

Frank C. Palmer, Blairsville; Jefferson Medical College, 1946; age 65, died April 21, 1987. Dr. Palmer was a general practitioner.

Teresa Folin Rhoads, Philadelphia; Johns Hopkins University School of Medicine, 1932; age 79, died May 12, 1987. Dr. Rhoads was an instructor in pediatrics and she conducted research in nutrition at the Children's Hospital of Philadelphia.

Lewis L. Rogers III, Shavertown; Jefferson Medical College, 1943; age 69, died April 20, 1987. Dr. Rogers was an orthopedic surgeon.

Francis A. Sanders, Philadelphia; Temple University School of Medicine, 1933; age 83, died April 9, 1987. Dr. Sanders was a general practitioner.

George H. Tarr Jr., Fairfax, Virginia; Havard Medical School, 1943; age 68, died March 3, 1987. Dr. Tarr, an internist, formerly lived in West Chester.

John H. Wolf, Philadelphia; University of Pennsylvania School of Medicine, 1929; age 83, died March 28, 1987. Dr. Wolf was a surgeon for more than 50 years at Germantown Hospital and Medical Center.

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in my opinion

Sudden cardiac death deserves own medical code

Gerald P. Tracy, MD, FACP John W. Paulish, DO John Lepore

We have entered a challenging era in which the practice of medicine is being dissected in many ways by numerous nonphysician parties. Their methods and conclusions are often difficult to reconcile with the scientific facts appreciated by practicing physicians. These results can give false impressions to other professionals, auditors, newsmedia, insurance companies, and lay reviewers due to the tendency to use only "bottom line" mortality statistics to assess outcome. While such analyses may satisfy a computer programmer, they may lead to unfair conclusions.

There is no more striking example in our state than analysis of myocardial infarction mortality. At our institution we do a large volume of cardiovascular work ranging from cardiac rehabilitation to complicated cardiac surgery. We accordingly keep a very detailed ongoing analysis of our myocardial infarction patients in our medical records department. This review is then presented monthly to our medical staff.

Our medical records department took the primary diagnosis of myocardial infarction on the discharge sheet of our 260 infarction patients in 1985 and reported a mortality total of 18%. We cardiologists questioned this seemingly high mortality. The cardiologists' definition of a MI includes at least two of these three features: 1) Pain over one-half hour; 2) Serial enzymes changes; and/or 3) Serial EKG changes. To analyze the veracity of the 18% mortality we turned to the Killip classification as the best means to review expected mortality in acute infarctions.[1]

The first finding was that twelve deaths were not related to a clear cut MI but rather to the sudden cardiac death (SCD) syndrome (Table 1). How-

Dr. Tracy is a cardiologist on the medical staff of Mercy Hospital in Scranton and Dr. Paulish is a resident physician at Mercy Hospital. John Lepore is a premedical student at the University of Scranton.

Table 1

MI Mortality Analysis for 1985 by Three Month Periods

	1st	2nd	3rd	4th	Total
Medical records death	11	5	15	15	46
Actual MI death	7	3	14	10	34
Not MI death	4	2	1	5	12
Medical records MI	68	46	81	65	260
Actual total MI	64	44	80	60	248

Table 2

Number of Patients in Various Killip Classes

Class	Number of acute MI	Percent of total patients with MI
I	139	56
II	55	22
III	36	15
IV	7	3
Not classified	11	4

Table 3

Relation of Killip Class and Total Deaths

Class	Number of patients	Percent of total deaths
I	7	21
II	5	15
III	15	44
IV	3	9
Not classified	4	12

Table 4

Killip's Predictions vs. Actual Deaths

Killip's class	Killip's Pts.* (percent)	Killip's predicted approximate mortality (percent)	Study Pts.† (percent)	Study mortality (percent)
I	30-40	8	56	5
II	30-50	30	22	9
III	5-10	44	15	42
IV	10	90	3	43
Not classified	—	—	4	—

**Admitted to CCU with MI in category; total 250 points*
†With MI admitted; total 248 points

Editor's note: Please see this month's editorial, "A plea for death certificate accuracy," for a related viewpoint.

ever, these patients were classified as myocardial infarction. Why? Surprisingly there is no KePRO (Keystone Peer Review Organization) code that covers the SCD syndrome. Thus all SCD patients are statistically coded as myocardial infarctions. The inaccuracy of the practice has only recently been appreciated. In a previous series only 67 of 110 patients were correctly diagnosed and coded by the treating physician. Twelve of the other 43 were SCD and miscoded as myocardial infarction.[2]

At the present time, we have codes for instantaneous death (798.1), death occurring in less than 24 hours from onset of symptoms, not otherwise explained (798.2) and unattended death (798.2). These codes do not adequately cover what appears to be a sudden cardiac death. They certainly should not be considered acute myocardial infarction mortality. Also, the use of the present codes falls into a non-specific principal diagnosis and could focus a PRO review.[3]

If one eliminates the SCD from the actual MI death in our series the rate is readjusted to 34 of 248 patients (13%). This latter rate is more in line with accepted and expected practice. Of our 248 patients (Table 2) 56% were Killip I, 22% Killip II, 15% Killip III, and 3% Killip IV. There were an additional 11 patients (4.4%) that could not be classified. Of these 11 patients, most had pain, collapsed, and died of cerebral hypoxic encephalopathy after a short hospital stay. Because of the possibility of an associated MI we included them as MI deaths. Obviously some of these additional 11 patients were in the SCD syndrome category. The twelve patients originally deleted were cleary SCD. Comparing the relationship of the expected deaths by Killip Class and actual deaths (Table 3) we see that half the deaths were from Class III and Class IV. This is not surprising.

Finally, if one looks at these actual deaths in our study compared to those predicted by the Killip Classification, we fared better than one would expect (Table 4). The explanation undoubtedly involves better treatment methods available today than when the Killip Classification was developed.

The above analysis shows the potential confusion in simply accepting the present codes because they fail to handle AMI and SCD syndrome as two different entites with differing mortality rates. There is a clear cut need for a redefinition and classification for death from myocardial infarction as opposed to the SCD syndrome. We would therefore avoid the present coding inaccuracy in reporting our mortality rates and provide a more realistic assessment of the effectiveness of therapy. □

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2. **Kennedy, G.T.; Stern M.P.; Crawford, M.H.**: Miscoding of hospital discharges as acute myocardial infarction: implications for surveillance programs aimed at elucidating trends in coronary artery disease, *American Journal of Cardiology, 53*:1000-1002, 1984.
3. U.S. Department of Health and Human Services, Public Health Service, Health Care Financing Administration. ICD-9-CM Code Book 1986, Chapter 16, Symptoms, Signs and Ill-defined Conditions, page 195.

Review shows need for better physical exams

D. Ernest Witt, MD

Early in 1986 I began reviewing charts for KePRO (Keystone Peer Review Organization) as a physician advisor. Almost at once it became apparent that very few pelvic and rectal examinations were being done, and even more surprising, a similarly small number of breast exams was being done. These were charts of patients admitted to the hospital for a specific problem and a "workup" for that problem. A pattern quickly developed, so out of curiosity and my own interest I decided to keep a running account of a number of female patients who were hospitalized and examined (or not) as above. This was an informal accounting and the numbers presented here are raw data, not weighted. Over a period of about six months I kept track of 139 consecutive female charts that I reviewed and they represent fourteen hospitals.

A total of 113 charts were reviewed from five hospitals and 26 charts from the remaining nine hospitals. These 26 charts were excluded from the calculations since they only represented several charts from each hospital and did not provide meaningful statistics.

The numbers presented in Table 1 represent the percentage of examinations performed in the five hospitals. Two of the hospitals are primary care or community hospitals listed as I, two are secondary level care hospitals listed as II and one a tertiary care regional medical center (teaching hospital) listed as III.

All of these charts were listed for review under the HCFA (Health Care Financing Administration) Medicare review program and with only a few exceptions the patients were over 65 years of age. It is interesting (and appalling) to note how closely the listed percentages correspond. In some of the

Table 1

Percentage of Breast, Pelvic, and Rectal Examinations on Women Admitted to Five Hospitals

Hospital type*	Cases	Breast	Pelvic	Rectal
III	(51)	45.1%	7.8%	54.9%
II	(16)	43.75%	12.5%	37.5%
II	(8)	37.5%	0%	37.5%
I	(21)	38.1%	9.5%	14.3%
I	(17)	23.5 %	5.9%	52.9%
Average	(113)	37.59%	7.14%	39.42%
Total average (14 hospitals)	(139)	40.3%	8.6%	42.4%

*I = community hospital; II = secondary care hospital; III = tertiary care hospital.

Dr. Witt, a Bloomsburg family practitioner, served as president of the Pennsylvania Medical Society in 1985.

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hospitals with prepared or pre-printed history and physical examination sheets, breast and pelvis are not even included on the check list. In a few of the charts the patient refused the pelvic and/or rectal examination and this has been taken into account in these statistics. These numbers also include the total stay in the hospital and the numerous visits by multiple doctors and not just the initial history and physical.

On one chart reviewed recently the patient was seen by ten physicians and one supervising physician stated that "the patient needed a pelvic done since she had not had a PAP smear in over a year." The exam still was not done.

Another woman who had had a lumpectomy for intraductal carcinoma of the breast in another hospital a year earlier had refused modified radical mastectomy and follow-up treatment. On this admission for "work up" and treatment for severe back pain, weakness, and weight loss, her breasts were not examined by the admitting physician or several other consultants. Her problem was found to be metastatic carcinoma to spine and bones.

The point is clear. The bottom line is that breast, pelvic, and rectal exams are performed only in a small percentage of hospitalized women in the area for which I was a reviewer. This is a grossly inadequate approach to patient care. We physicians express concern that the HCFA Medicare review program, in the interest of reducing cost of health care, will reduce quality of care. This small review indicates that by not providing *complete* physical exams to our hospitalized patients, and thereby screening out more problems initially, we appear to be relying more on high tech esoteric studies that further push up the costs of medical care. □

Professional courtesy

Harold I. Farber, MD

I wish to comment on the feature article, "Respect For Fallen Comrades," written by Naomi Bluestone, MD, in the May 1987 issue of PENNSYLVANIA MEDICINE.

The negative experiences Dr. Bluestone has had with professional courtesy may reflect a change in doctors' attitudes in different parts of the United States. I have not found this to be the case in Reading and its environs, with a population of about 100,000. The number of physicians practicing in Berks County has just about doubled since I started about 40 years ago. I can't speak for the other physicians, but in my experience, there has been no change in the attitude of physicians who treat other physicians and the families of other physicians.

Dr. Bluestone seems to think that the introduction of third party payments has had some bearing on the relationships between doctors as patients and doctors as their physicians. I have found that this has eased the situation, since doctors who are patients no longer have to look around for gifts to give the doctors who treat them, since those who have been doing the treating are compensated to some extent by the third party carriers.

What I found most interesting about Dr. Bluestone's situation was that she is a practicing psychiatrist. The reason is that when I first started to practice in Reading, the only doctors who were not giving professional courtesy were psychiatrists. It was their theory that psychiatric treatment would not work satisfactorily if it was free and that the doctor who was receiving psychiatric treatment would be more apt to benefit from it if he had to pay for it.

Perhaps Dr. Bluestone could discuss the matter with a fellow psychiatrist (if he will provide professional courtesy) to try to discover why she appears to be over-reacting to the experiences she has had. □

Dr. Farber practices internal medicine in Reading.

Indicators better than outcomes for measuring quality

O. K. Stephenson, MD

Generally speaking, I agree with most of the medical editor's views. In May's PENNSYLVANIA MEDICINE, I should point out, the proofreader missed one: "They *let* this knotty problem for government." Of course, the proper verb is *leave*, unless the sentence is recast "They let government solve this knotty problem." Enough of nit-picking.

I think quality can be measured, but indirectly by various indicators (standards and criteria) provided they are not permanent. Outcomes (as indicators) are not as good as they seem, because in the office (ambulatory) setting almost everything gets better by itself! Likewise, the cheapest way to manage a problem is for the consumer to stay home and do nothing. □

Dr. Stephenson, a family physician in New Bloomfield, serves as medical director for the Office of Medical Assistance of the Department of Public Welfare.

Let's return to freedom

Vasilios J. Kalogredis, JD

As lawyers and management consultants to physicians and dentists, our firm is extremely concerned with the provision in the 1986 Tax Reform Act which requires personal service corporations, partnerships, S-Corporations, and estates and trusts to adopt calendar year-ends beginning in 1987. The additional paperwork, costs, inability to plan appropriately, and loss of flexibility this change generates will be a tremendous strain on doctors and their advisors. We have written numerous letters to Senators and Congressmen requesting this provision's repeal.

Many others have responded regarding the burden this provision creates. Perhaps if enough letters were written, Congress would act favorably. It is in this vein that we urge Pennsylvania physicians to write on this issue. There are several promising bills in Congress relating to this problem. Maybe if enough voices are heard, legislation will be passed. □

The writer is a principal in Kalogredis and Wade Law Associates in Wayne.

medical feature

Acupuncture—what we should know

Jason C. Shu, MD, FAAA

Acupuncture is an ancient Chinese medical art that involves the stimulation of certain meridian or extrameridian points on or near the surface of the human body by the insertion of needles to prevent or modify the perception of pain and to normalize physiological functions. The gate control theory of pain and the discovery that acupuncture causes the release of Beta-endorphin and ACTH in the ventricular cerebrospinal fluid offer the beginnings of a scientific basis for this form of therapy.

Usually, the patient whose pain is not relieved by conventional treatment or declines to receive it seeks other methods for relief. The physician should be familiar with acupuncture as another mode of therapy, whether for his own use or for patient referral. In addition, he needs to know some details concerning hazards and precautions, and criteria for efficacy.

Referral

The World Health Organization recognizes that more than 40 treatable conditions, including facial palsy, peripheral neuropathies, trigeminal neuralgia, allergic rhinitis or sinusitis, constipation, dysmenorrhea, spastic colon syndrome, insomnia, depression, smoking and drug withdrawal, osteoarthritis, rheumatoid arthritis, cephalalgia, sciatica, low back syndrome, cervical radiculopathy, and various dental pains may be helped by acupuncture, even if conventional therapy failed. Patients with pain problems complicated by allergic reactions to cortisone, aspirin, or other medications, as well as patients suffering from bursitis with associated peptic or gastric ulcers, or in whom certain medications are contraindicated because of the presence of an ulcer, might all be considered candidates for acupunture therapy.

Length of therapy

The first treatment course of acupuncture therapy should consist of six treatments initially given daily or biweekly, and later weekly. If the patient does not improve, therapy is discontinued. The consensus is that 50 percent of patients responding favorably to acupunture will do so within three treatments and 90-95 percent within six. There is no evidence of adverse effects from prolonged therapy.

Acupuncture response

Hyperemia at the site of needle insertion is frequently noted, probably due to release of histamine-like substances. This is a good prognostic sign, and its intensity may be related to the degree of pain.

Response time can be immediate, hours later, or perhaps not initially, but following a course of therapy, when gradual cumulative relief may be observed.

Duration of pain relief may vary. For example, in low back syndrome, some patients following a course of acupunture therapy may not require further treatment for over a year, while others may need periodic booster therapy.

Criteria for efficacy

Criteria for efficacy include functional improvement in performing daily tasks, increased joint mobility (range motion) and muscle strength, reduction in pain medication, and complete relief of pain or symptoms.

Concomitant therapy

Acupuncture therapy for the treatment of chronic painful conditions may frequently be enhanced by concomitant therapy such as massage, heat, exercise, diet, and patient education.

The author, an obstetrician and gynecologist and a diplomate in acupuncture, is a member of the State Board of Medicine. He is a consultant for the Acupuncture Research Association of the China Medical College, a consultant for the Malaysia-Sabah Acupuncture College, and an advisor for the Academic Research Committee of the American Acupuncture Association. He practices in Williamsport.

Hazards and precautions

Autonomic reaction or syncope—Although autonomic reactions or syncopes are infrequent, precautions to ensure patient safety are in order. New patients should lie down during initial therapy. Men seem to be more prone to fainting. All patients should be encouraged not to overeat or even to abstain from a meal prior to treatment.

Hematoma—Normal pressure application over needle insertion sites for a brief period of time is essential as a preventive measure for hematomas. Deep needle insertion, facial acupunture sites, and prolonged twirling of needles may all increase the risk of hematoma production.

It should be ascertained that the clotting time of a patient is normal. Experience has shown that if the clotting time is normal and appropriate pressure is applied over the needle site following its removal, a hematoma usually will be prevented. Also, icing along with the application of pressure will minimize enlargement of a hematoma in the process of formation.

Pneumothorax—Pneumothorax has been observed following injudicious needle insertion at the upper trapezius muscle since the apex of the upper lung lobe is very superficial.

Other injury to vital organs—An acupuncturist must have an appropriate knowledge of neuroanatomy and basic anatomic structures, including organ location, to prevent harm to vital organs such as the lungs, large arteries, and abdominal organs.

Asepsis—To prevent infection, appropriate needle sterilization and cleansing of the insertion site with alcohol sponge are mandatory.

Dermatologic conditions—Caution should be taken in the treatment of patients with herpes zoster. Obviously, one should not penetrate the vesicular sites. Needles should never be inserted through sites of inflammation, psoriasis, or herpectic vesicles.

Pregnancy—Although pregnancy is not an absolute contraindication for

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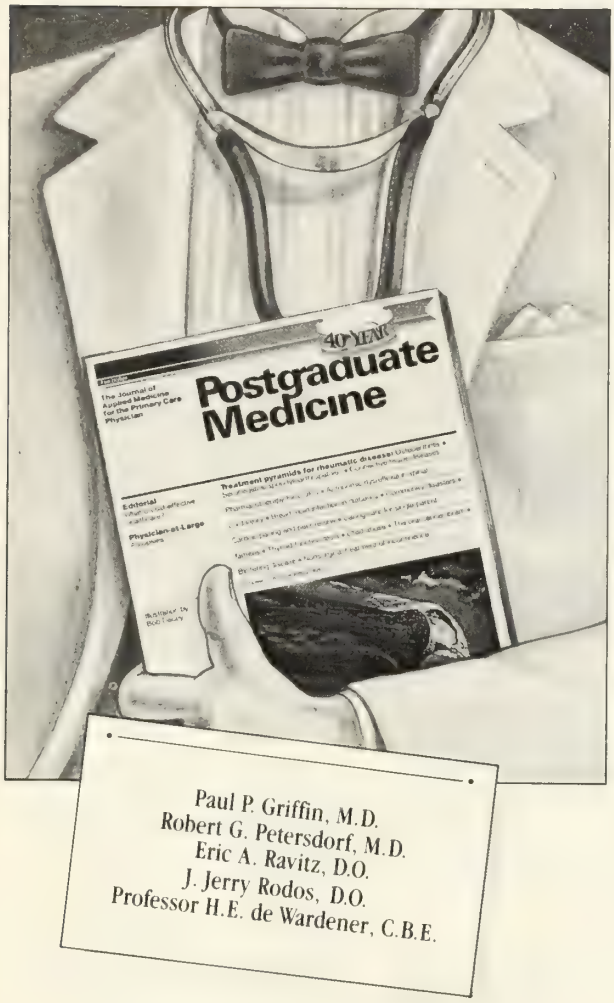

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acupuncture therapy, care is essential; strong stimulation, particularly at the first dorsal interosseous muscle, should be avoided since uterine contractions may result.

Patients with pacemakers—It is prudent not to treat patients equipped with cardiac or diaphragmatic pacemakers with electroacupuncture.

Posthepatitic or AIDS patients—A history of hepatitis or AIDS reemphasizes the need for appropriate needle sterilization. The routine use of disposable needles should be encouraged.

Epilepsy—Patients with epilepsy should be recumbent during therapy. Vigorous needle stimulation should be avoided. The physician should be sure that the patient has taken his or her necessary medication.

Conclusion

Whether the practitioner is a licensed physician or dentist or a traditional acupuncturist is less important than adherence to the guiding principles outlined. For the treatment of pain, which is a symptomatic expression, the primary etiology should be defined, when possible, before initiation of therapy. Obviously, it is mandatory to have a diagnosis before treatment.

Complications from acupuncture therapy, such as bilateral pneumorthorax and massive hematoma requiring transfusion in a cardiac patient on anticoagulant therapy, have been reported. When appropriate precautions are taken together with good medical care these problems can be avoided. □

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Successful participation in prepaid plans

Thomas W. Reinke, MBA
William C. Garrow, MBA, CPA
David H. Glusman, CPA

HMOs (health maintenance organizations) and other prepaid health plans were devised to curtail spiraling costs and switch the emphasis of services from episodic care to wellness and preventive services. These objectives represent a significant departure from those of conventional health plans, which historically have shown little interest in costs or service delivery.

To help achieve their ends, most prepaid plans incorporate policies and procedures that allow them to manage both the services patients receive and the providers who deliver them. The ability to control services and providers is the key to the success of prepaid plans; however, the nature and extent of this control has caused problems for both patients and providers.

One group of providers facing difficulties in conforming to the procedures common in prepaid plans is physicians who act as primary providers. Our firm has encountered a number of medical practices experiencing a variety of problems in this area.

The practices we have consulted treat both prepaid and fee-for-service patients and are participating in the prepaid plan through an independent practice association (IPA). This distinction is important because some of the problems mentioned in this article may not appear in the staff or group model prepaid plans or in preferred provider organizations.

The primary provider

In most prepaid plans, a primary care physician selected by the patient, arranges and coordinates all of the patient's care. Before a patient seeks care from any other source, he or she is supposed to obtain formal authorization from the primary physician. Moreover, if additional services are required, they generally must be provided by doctors or hospitals recognized by the plan.

In essence, the physician serves as a gatekeeper to the health care system and patients are locked-in to using plan providers. The purpose of these provisions is twofold; to assure that the primary provider is involved in the care of the patient, and to hold down costs.

Much of the difficulty with the concept of the primary care provider shows up in the process for authorizing specialty, diagnostic, or inpatient services. Instead of strengthening the physician-patient relationship, the pre-authorization policy and the requirement that patients use only plan physicians may become a source of conflict between patients and their doctors. The potential for conflicts is due to the fact that the doctor is not simply a care-giver, but is placed in the position of acting as an enforcer of the plan's policies and procedures. We have observed situations where patients have badgered and cajoled physicians and office staff until they receive authorizations for outside services. These demands have included retroactive approval for services already received or blanket approvals for referrals involving multiple visits.

Such confrontations may occur more frequently with the office staff. It is impossible to expect that the physician can complete all of the authorization forms and front desk staff or nurses frequently are allowed to fill them out. Patients who are reluctant to seek authorizations from their doctors may not hesitate to approach the office staff with their demands.

The problem with authorizations also occurs with patients who have sought outside care even before seeing their primary provider. "Having to deal with patients on unauthorized services the first time you see them is not the way to start off," said one physician.

The problems with referrals have been widely recognized. In a study of physician referral patterns for one large practice, the primary physicians reported that an average of 12.8 percent of their specialty referrals were made because of strong requests by patients. Among the physicians surveyed, the range of referrals due to patient demands was 0-30 percent.[1] A Health Care Financing Administration study of HMOs serving Medicare patients, revealed that the most frequent grievance filed by patients concerned the lock-in provision, that patients must use plan providers and must obtain prior authorization for services.[2]

The difficulties with the primary provider concept and lock-in provisions have also received the attention of Congress, which last year passed a requirement that all HMO/CMPs inform Medicare beneficiaries of their rights as enrollees in prepaid plans. That explanation must include descriptions of benefits, the role of the gatekeeper physician, the meaning of lock-in, and the method for filing grievances.[3] One possible explanation for the problems in this area is that the concept of the primary provider may not be fully understood by patients, especially at the time they enroll in the plan. A large number of patients are simply not aware that they must obtain an authorization for specialty, diagnostic, and inpatient services, or that they are restricted to using hospitals and physicians approved by the plan.

Another contributing factor may be the population's growing medical awareness and knowledge base. Patients in today's health-conscious world have a greater understanding of basic medical problems and feel comfortable with self-referral to a doctor. In other words, patients are now more involved in their own care and are taking more responsibility for coordinating it. That makes the role of primary physician unnecessary and even undermines efforts by patients to be responsible for their own care. With their increased knowledge base, more people are insisting on the ability to see specialists. The number of specialists is increasing and they are playing a larger role, especially in the primary care of patients. For example, a significant portion of the population does not have a primary care physician but rather seeks care directly from pediatricians, obstetricians, gynecologists, cardiologists, and ophthalmologists depending upon their perceived illness.

The authors are consultants with The Health Care Parnership, Philadelphia.

Successful participation

Although it is often not explicitly stated or fully realized, physicians who particpate in prepaid plans agree to accept responsibility for managing the care of the panel of patients who sign up with them. Many of the problems that arise are the result of fragmented efforts to manage this care. Other problems are the result of misunderstanding and lack of awareness on the part of patients.

There are two steps that can be taken to effectively manage the delivery of prepaid services and to minimize misunderstandings. The first is to develop an information sheet for prepaid patients explaining the key policies and procedures of the practice. Among the topics that should be in this handout are policies and procedures for:

1. Obtaining authorizations for referrals to specialists and for other services;
2. Obtaining approvals for emergency services; and
3. Scheduling appointments for office visits.

In addition, the information should state the policies of the practice regarding:

1. Retroactive referrals;
2. Blanket referrals; and
3. Situations where payment for outside services will be denied.

The information sheet should be provided to every prepaid patient. It should also be clear that it is the patient's responsibility to follow the procedures outlined. The wording does not have to be stern or harsh, but it can be firm and direct. If the policies are fair and if the underlying reasons for them are explained, the information should be accepted by reasonable patients. Before the handout is implemented, however, it should be reviewed by representatives from the plan to assure that it does not conflict with its policies.

A second measure that can help is to designate a staff person to coordinate administrative and patient management tasks. This person can:

1. Screen requests for referrals, especially when the doctor is not available, and counsel patients who do not follow the proper procedures for obtaining authorization;
2. Contact new patients who sign up with the practice to review the policies of the practice and go over the information sheet (In some instances, it may also be necessary to contact the patient's previous provider to obtain historical information about the patient); and
3. Serve as the liaison with the prepaid plan on administrative matters such as verifying eligibility, reporting requirements, and patient complaints.

Conclusion

Physician participation in prepaid plans will grow as these insurances capture a larger share of the patient population. For example, in areas of the country with the oldest HMOs, up to 40 percent of the population chose prepaid coverage. The prepaid plans themselves will change in response to federal regulations, competition within the industry, demands from patients and input from providers. There is evidence of such changes, as plans now begin to offer patients the option of choosing certain categories of specialists as their primary doctor. A change allowing the choice of obstetricians and gynecologists is most common, but a choice of other specialists is likely to follow. The challenge for physicians who choose to participate in prepaid plans is to develop effective mechanisms for managing this part of their practices. □

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physicians in the news

H. Arnold Muller, MD, Hershey, is a new member of the board of directors of the Geisinger Foundation. Dr. Muller served as state secretary of health from 1979 until January of this year.

The American Board of Family Practice has elected **Paul C. Brucker, MD**, as president. Dr. Brucker is professor and chairman of the department of family medicine at Jefferson Medical College.

Helen O. Dickens, MD, Philadelphia, was the honored lecturer at Hahnemann University's recent symposium on women in science and medicine. Dr. Dickens, who is professor of obstetrics and gynecology and associate dean of Hahnemann's school of medicine, received an award recognizing her outstanding work in science and medicine at the meeting.

Leslie R. Fleischer, MD, Lancaster, has passed the examination of special competency given by the North American Society of Pacing and Electrophysiology. Dr. Fleischer is a member of the department of medicine of St. Joseph Hospital and Health Care Center in Lancaster.

Richard Depp III, MD, has been appointed professor of obstetrics and gynecology and chairman of the department at Jefferson Medical College. Dr. Depp comes to Jefferson from Northwestern University School of Medicine in Chicago.

Surgeon General C. Everett Koop, MD, right, and Patrick S. Pasquariello Jr., MD, are shown following the first annual Patrick S. Pasquariello Jr. Pediatric Lecture, held at Children's Hospital of Philadelphia. Dr. Koop, the speaker, gave a report on acquired immune deficiency syndrome (AIDS). Dr. Pasquariello is director of medical education at Children's Hospital.

Iain Black, MD, Philadelphia, was appointed chairman of the department of pediatrics at Temple University School of Medicine.

Julien F. Biebuyck, MD, Hershey, was elected to the Faculty of Anesthetists of the Royal Australasian College of Surgeons. Dr. Biebuyck is chairman of the department of anethesia at the Milton S. Hershey Medical Center of the Pennsylvania State University.

Jack O. Greenberg, MD, Philadelphia, was appointed a councilor on the American Academy of Neurology's executive board. Dr. Greenberg is director of the department of neurology at Episcopal Hospital, Philadelphia, and professor of neurology at the Medical College of Pennsylvania.

Peter C. Nowell, MD, Philadelphia, received the Leukemia Society of America's highest award, the de Villier Medal, given to medical scientists who have made contributions to leukemia research. Dr. Nowell is associate director of the University of Pennsylvania Cancer Center.

Three physicians recently became members of the American College of Physician Executives. They are: **Guy L. Bellanca, MD**, Greensburg, the medical director of Westmoreland Hospital Association; **Michael R. Greenberg, MD**, of the Clinton Association of Physicians and Surgeons in Mill Hall; and **Edward A. Kaufman, MD**, Philadelphia, vice president of laboratory management services for SmithKline Bio-Science Laboratories.

The Robert H. Ivy Society of Plastic and Reconstructive Surgeons elected the following officers for 1987-88: **J. William Futrell, MD**, president; **John C. Schantz, MD**, vice president; **Barbara Lundy, MD**, secretary; and **Harvey Rosen, MD**, manager at large.

A reception was held to welcome **Rex B. Conn, MD**, to Thomas Jefferson University. Dr. Conn has been appointed professor of pathology and vice chairman of the department at Jefferson Medical College and director of clinical laboratories at Thomas Jefferson University Hospital.

Woon Ki Paik, MD, and **Sangduk Kim, MD**, spoke at the First International Symposium on Post-Translational Modifications of Proteins, held in Italy. Dr. Paik is professor and Dr. Kim is associate professor at Fels Research Institute of Temple University School of Medicine.

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John H. Moyer, MD, DSc

A. Introduction

In previous communications, the licensure responsibilities of the State Board of Medicine contained in the Medical Practice Act of 1985 were reviewed.[1-5] This current article has to do with the regulations adopted for carrying out the responsibilities of the State Board of Medicine. A number of new regulations have been adopted, and many of the prior regulations have been modified in order to implement the Act of 1985. All existing regulations if not revised, have been recodified.[6,7,8]

The State Board of Medicine, in the exercise of its duties under the Medical Practice Act, is mandated to adopt such regulations as are reasonably necessary to carry out the purposes of the act. These regulations have been adopted in conformity with the provisions of the Act of July 31, 1968 (P.L. 769, No. 240), referred to as the Commonwealth Documents Law, and the Regulatory Review Act of February 21, 1986 (P.L. 47, No. 16). Regulations have been finally adopted through publication in the Pennsylvania Bulletin.[6-8]

Due credit must be given to Mr. Kenneth Brody, Esq., who, working with the policy committee of the State Board of Medicine, was primarily responsible for drawing up these regulations. Although the regulations were adopted by the entire medical board, the principles and format are primarily those of Mr. Brody and the policy committee. It is further noted that the medical board's regulations contain many of the policies previously adopted by the medical board over the past five years but only now have been set in regulation based on the Medical Practice Act of 1985.

The regulations restate some provisions of the legislative mandate primarily for clarification of the issues for purpose of implementation through the regulatory process and for better understanding by the public and the professionals being regulated. The provisions contained in the regulations have the same impact as the law covered by the regulations. The regulations are subject to challenge in Commonwealth Court. **Most of the general provisions** pertaining to persons regulated by the board **are contained in Chapter 16 of the Regulations.**[6]

B. Definitions

Chapter 16 contains the definitions (Subchapter A) necessary to understand and implement the act and most of these have been reviewed previously.[1-5] A few definitions bear restatement, because the specificity of each is important for proper interpretation of important components of the act:

Accredited medical college—An institution of higher learning accredited by the Liaison Committee on Medical Education to provide courses in the arts and sciences of medicine and related subjects and empowered to grant professional and academic degrees in medicine.

Graduate medical training—Training accredited as graduate medical education by the Accreditation Council for Graduate Medical Education or by another accrediting body recognized by the board for the purpose of accrediting graduate medical education, or training provided by a hospital accredited by the Joint Commission on Accreditation of Hospitals which is acceptable to an American Board of a medical specialty towards the training it requires for the certification it issues in a medical specialty or subspecialty.

Unaccredited medical college—An institution of higher learning which provides courses in the arts and sciences of medicine and related subjects which is empowered to grant professional and academic degrees in medicine, is listed by the World Health Organization or is otherwise recognized as a medical college by the country in which it is situated, and is not accredited by an accrediting body recognized by the board.

C. Licensure provisions previously available that have been repealed

Regulations based on the Medical Practice Act of 1974 and providing for the issuance of **limited licenses, camp physician licenses, across-the-border licenses, graduate certificates, and temporary licenses to participate in graduate medical training have been repealed. Also, the use of American Board certification in certain medical specialties as a route to obtain unrestricted licensure and which was available under the Medical Practice Act of 1974 has been repealed by the Act of 1985.**[9]

Some of the provisions for licensure under the above designations have been included under a different designation in the regulations being reviewed as noted in section D below.

D. Types of licenses, certificates, and registrations (Subchapter B, Chapter 16)[6]

Minimum standards are outlined in the regulations for the issuance of licensure without restriction as well as **newly established types of physician licenses** which include institutional license, extraterritorial license, graduate (training) license, temporary license, and an interim limited license. The following licenses, certificates, and registrations will be issued under the regulation implementing the Medical Practice

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Act of 1985:

1. **Medical doctor licenses** issued by the board:
   a. License without restriction;
   b. Institutional license (replaces the intent of the previously available limited license);
   c. Extraterritorial license (replaces the previously designated across-the-border license);
   d. Graduate license (replaces the previously available temporary training license and graduate certificate);
   e. Temporary license (There is no counterpart for this designation in the Medical Practice Act of 1974, although there was a license so designated which was similar to the current graduate license as included in the Act of 1985);
   f. Interim limited license (No counterpart provided for in Act of 1974).
2. **Non-medical doctor licenses and certificates** issued by the board:
   a. Midwife license;
   b. Physician assistant certificate.
3. The **following registrations** are required and issued by the board **in addition to licensure and certification.**
   a. Registration as a supervising physician of a physician assistant;
   b. Registration as an acupuncturist (no previous designation);
   c. Registration as an acupuncturist supervisor (no previous designation);
   d. Biennial registration of a license without restriction;
   e. Biennial registration of an extraterritorial license;
   f. Biennial registration of a midwife license;
   g. Biennial registration of a physician assistant certificate;
   h. Biennial registration of a drugless therapist license;
   i. Biennial registration of a limited license—permanent (This license is issued under regulations implementing the Act of 1974, but new licenses in this category have not and will not be issued subsequent to January 1, 1986);
   j. Biennial registration of an acupuncturist (no previous designation).

E. Licensing, Certification, Registration, and Examination Fees (Subchapter B of Chapter 16)

In the past, there has been little attempt to relate the licensure fees to the actual costs of licensure. An attempt has now been made by the Bureau of Professional and Occupational Affairs to determine the cost of licensure and examinations and to more precisely assess the examination and licensure costs against the licensee. The fees that have been approved by the State Board of Medicine to this end are outlined in Table 1. An applicant applying to take an examination for which the medical board is responsible must submit an application **to take such an examination at least three months before the examination is to be given.**

F. Temporary waiver of biennial registration fees

All **biennial registration fees** relating to licensure, certification, and registration requirements will be waived until the 1987-88 biennial registration period has expired. This suspension of registration fees shall end on January 1, 1989, unless the date is extended by the State Board of Medicine prior to that date.

G. General qualification requirements for all types of licenses issued by the State Board of Medicine (Subchapter B, Section 16.12)

The regulations set forth the general standards which must be satisfied by any person seeking a license or certificate issued by the State Board of Medicine. These standards include being of legal age, being of good moral character and not intemperately using alcohol or habitually using narcotics or other habit-forming drugs. They also include a special requirement that the applicant must **not have been convicted of a felony under the Pennsylvania Controlled Substance, Drug, Device, and Cosmetic Act or of an offense under the laws of another jurisdiction** which if committed in this Commonwealth, would be a fel-

Table 1
Licensure, Certification, Examination, and Registration Fees

Type	Fee
FLEX examination given prior to June, 1987	
FLEX I component	$175
FLEX II component	$200
Complete FLEX	$275
FLEX examination given in June, 1987, and examinations given subsequently	
FLEX I component	$225
FLEX II component	$275
Complete FLEX	$400
License without restriction	$ 20
Biennial registration fee for license without restriction	$ 25
Institutional license	$ 35
Extraterritorial license	$ 10
Biennial registration for extraterritorial license	$ 25
Graduate license	$ 15
Renewal of graduate license	$ 10
Temporary license	$ 35
Interim limited license	$ 10
Renewal of interim limited license	$ 10
Midwife license	$ 20
Biennial registration for midwife license	$ 25
Physician assistant certificate	$ 15
Biennial registration for physician assistant certificate	$ 25
Registration as supervising physician of physician assistant	$ 15
Acupuncturist registration	$ 15
Biennial registration for acupuncturist registration	$ 25
Acupuncturist supervisor registration	$ 15
Biennial registration for drugless therapist license	$ 25
Biennial registration for limited license (permanent)	$ 25

Note: There is no initial registration fee for any license or certificate subject to biennial registration requirements.

ony under the Pennsylvania Controlled Substance, Drug, Device and Cosmetic Act, unless certain standards had been met as follows:

1. At least ten years have elapsed from the date of conviction.

2. The applicant satisfactorily demonstrates to the State Board of Medicine that he has made significant progress in personal rehabilitation since the conviction such that licensure or certification of the applicant should **not be** expected to create a substantial risk of harm to the health and safety of patients or the public or substantial risk of further criminal violations.

3. The applicant otherwise satisfies the qualifications contained in the Act and the State Board of Medicine's regulations which are herewith being reviewed.[6,7,8]

These latter requirements regarding applicants who have been convicted of a felony set a new minimum standard for the issuance of a license or certificate that has been established in the Medical Practice Act of 1985 as well as in the legislation regulating other health care practitioners.

H. Biennial registration; inactive status and unregistered status (Subchapter B of Chapter 16, Section 16.15)

This regulation substantially reestablished the pre-existing regulation relating to biennial renewal of registration and inactive status. Initial registration is automatic following licensure.

1. *Biennial registration*—A new provision that warrants special note is that a person **licensed or certified by the State Board of Medicine, or registered as an acupuncturist** with the State Board of Medicine, must register biennially to retain the right to engage in practice unless specifically exempted. The following licenses, certificates and registrations are exempted and are, therefore, not subject to biennial registration:

a. Institutional license;
b. Graduate license;
c. Temporary license;
d. Interim limited license;
e. Registration as a supervising physician of a physician assistant;
f. Registration as an acupuncturist supervisor.

When registration is required, registration for a biennium expires on December 31 of every even-numbered year. Application for biennial registration is made upon forms which are distributed by the State Board of Medicine, and these forms must be filed with the State Board of Medicine with the required registration fee **prior to the expiration of the previous biennial registration. Failure to register carries a significant penalty if the physician continues to practice.**

All biennial registration forms and literature will be forwarded to the last mailing address given the State Board of Medicine by the licensee, registrant, or certificate holder. When that person changes his mailing address of record, that person must notify the State Board of Medicine, in writing, within 15 days after making the address change. **Failure of the State Board of Medicine to send, or of the individual to receive, a biennial registration application, does not relieve the individual of his biennial registration responsibility.** It is essential that the State Board of Medicine be kept informed of any change in mailing address.

2. *Inactive status vs. unregistered status*—**Unregistered status occurs** when a person subject to biennial registration requirements does not provide the board with notice that he will cease practicing and fails to file a biennial registration application, and fails to tender the required fee. The regulation eliminates the requirement that the board send notice to an individual that he has been classified as inactive or unregistered and affirmatively states that failure of the board to send or of an individual to receive a biennial registration application does not relieve the individual of his biennial registration responsibility. The regulation further requires that a person subject to biennial registration comply with the reporting provisions relating to disciplinary actions pertaining to felonies and misdemeanors related to the health care professions, within the 30 days after disposition of the case has been determined, even though the licensee is unregistered (see Section I below).

Inactive status occurs when a person subject to biennial registration requirements notifies the board that he will cease to practice. A person who desires to become inactive must notify the State Board of Medicine, in writing, prior to doing so, and his license, certificate, or registration will then be placed in inactive status. The licensee, registrant, or certificate holder who either fails to pay the biennial registration fee or who notifies the State Board of Medicine of the desire to become inactive will **not be sent biennial registration forms for the following or subsequent biennial registration periods unless that individual notifies the State Board of Medicine, in writing, of a desire to again register the license, certificate, or registration.** If all other conditions have been met, registered status shall be restored upon the payment of all fees and penalties which have accrued.

The holder of a license, certificate, or registration is not permitted to engage in practice in the Commonwealth unless he is currently registered. If that person engages in practice in the Commonwealth during the period in which registration was not renewed, he will be subject to possible disciplinary proceedings and criminal prosecution. In addition, his liability insurance may be voided, and it will become very difficult to meet the liability insurance coverage requirement (tail coverage) for licensure because of liability exposure that may have occurred when the individual was not registered. Note: A physician's failure to purchase a reporting endorsement is a violation of the mandatory insurance provision of the Health Care Services Malpractice Act and constitutes grounds for the Medical Board to suspend, revoke or impose other disciplinary measures.

The holder of a license, certificate or registration who applies to return to registered status will be required to submit a notarized affidavit setting forth the period of time in which the individual did not practice in the Commonwealth, submit a resume of activities since that person was last registered, and comply with all registration requirements set forth in the regulation (relating to reporting of disciplinary actions, criminal dispositions, and other licenses, certificates or authorizations to practice).

The licensee, registrant or certificate holder who seeks to update his registration will not be assessed any fee or penalty for any preceding biennial registration period in which that person did not engage in practice in this Commonwealth. Therefore, it is advised that the licensee so notify the State Board of Medicine of his intent in advance. If the person has not been practicing in the Commonwealth for a period longer than four years, the State Board of Medicine may require that a personal interview be conducted by a designated state board member or designee to ascertain the physical and mental fitness of the applicant to practice in this Commonwealth.

I. Reporting of disciplinary actions, criminal dispositions and other licenses, certificates, or authorizations to practice

1. An applicant for a license, certificate, or acupuncturist registration issued by the board shall apprise the board of any of the following:
   a. A license, certificate, or other authorization to practice a profession issued, denied, or limited by another state, territory, or possession of the United States, another country or a branch of the federal government;
   b. Disciplinary action instituted against the applicant by a licensing authority of another state, territory or possession of the United States, another country or a branch of the Federal government;
   c. A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial, or an accelerated rehabilitative disposition with respect to a felony offense, or a misdemeanor offense relating to a health care practice or profession.

2. The reporting responsibilities enumerated above continue after the board issues a license, certificate, or registration. If, after the board has issued a license, certificate or registration, any of the events referred to above occur, the person must report that matter to the board in writing within 30 days after its occurrence. The regulation requires that this be done even though the licensee may be unsequestered or on an inactive status.

J. Certification of license, certificate, or registration status to other jurisdictions

1. The status of a license, certificate, or registration issued by the State Board of Medicine will be certified by the board to other jurisdictions or persons upon formal application and payment of a fee of $10.

2. A person who is licensed, certified, or registered by the State Board of Medicine and who seeks a license, certificate, or registration in another jurisdiction or country, may be required to arrange for the Pennsylvania State Board of Medicine to provide certain information to the licensing authority in the other jurisdiction by having the State Board of Medicine complete a document and then forwarding the document directly to the other licensing authority. In that case, **the document must be completed prior to being submitted to the State Board of Medicine** with the exception of the portion to be completed by the board. It should then be forwarded to the State Board of Medicine **with the request that it be completed and then forwarded to the licensing authority in the other jurisdiction.** The request must include payment of the fee of $10 in the form of a certified check, cashier's check, money order or personal check payable to the Commonwealth of Pennsylvania.

Author's note: A mistake is made when the applicant attempts to pick up the document from the State Board of Medicine and deliver it directly to the other jurisdictions. For security reasons, this is usually unacceptable to the recipient jurisdiction.

K. Reporting of multiple licensures, i.e., when physician is licensed in another state or territory[6]

Any licensed medical doctor in this Commonwealth who is also licensed to practice medicine and surgery in any other state, territory, possession or country and any other board-regulated practitioner who is licensed or certificated to practice is required to report this information to the board on the biennial registration application. Any disciplinary action taken in such other jurisdiction must also be reported to the board on the biennial registration application or within 90 days of final disposition, whichever is sooner. Multiple licensures are noted by the board on the board-regulated practitioner's record, and the board notifies such state, territory, possession, or country of any disciplinary actions taken against said board-regulated practitioner in this Commonwealth. Failure of the practitioner to submit this information accurately constitutes a basis for discipline.

L. Practice by and through business entities—professional corporation (Subchapter C, Chapter 16)[6]

1. Filing and reports to the board
   a. In the case of an association planning to be engaged in the practice of medicine, the articles of association of the proposed association must be filed with the board in compliance with Section 4 of the Professional Corporation Law.
   b. The names of professional associations and professional corporations are evaluated by the board to determine whether they are in contravention of medical ethics as interpreted by the board. Ethical violations will be reported to the Corporation Bureau and are a sufficient basis for disapproval of the name.
   c. Physicians licensed under the act may incorporate with licensed members of the following health professions: osteopathic physicians, optometrists, dentists, psychologists, and podiatrists, if the incorporation is also authorized by Chapters 23, 25, 29, 33, and 41 (relating to the State Board of Optometrical Examiners, State Board of Osteopathic Medical Examiners, State Board of Podiatry Examiners, Dental Council, and Examination Board and State Board of Psychologist Examiners).

M. Health care malpractice (Subchapter D of Chapter 16; Section 16.3[12,13]

1. *Notification*
   a. *Applicants for original licensure*—A physician or surgeon who has successfully passed the medical examination or who has been approved for licensure by endorsement will be notified by letter that he may enter upon the practice of medicine in this Commonwealth only after:
      i. Complying with section 701 of the Health Care Services Malpractice Act,[6] by making prompt application for malpractice insurance.
   b. *Licensees applying for biennial renewal*—A licensee applying for biennial renewal will be notified with the renewal application that if he practices in this Commonwealth, he is required to furnish satisfactory proof to the Office of the Medical Professional Liability Catastrophe Loss Fund that he is in compliance with the Health Care Services Malpractice Act.

2. *Requirements of the Health Care Services Malpractice Act*[1,4,13]

An applicant for licensure or a licensee applying for biennial review as required by the Health Care Services Malpractice Act and the regulations pertaining thereto, must maintain the required amount of professional liability insurance or an approved self-insurance plan and must have paid the required fee and surcharges. A physi-

To show you how many hypertensives stayed on

INDERAL® LA
(PROPRANOLOL HCl)

after a major nationwide trial...

...we had
to find
just the
right room.

60,073 patients (90%) who started on INDERAL LA stayed on INDERAL LA.[1*]

Surprising? Not really.

Because most patients on INDERAL LA (propranolol HCl) don't even know it's working.
A recent double-blind, placebo-controlled, crossover study in 138 hypertensive patients[2] revealed that INDERAL LA has a side effects profile unsurpassed by atenolol or metoprolol—which shows how well-tolerated once-daily INDERAL LA can be.

Sole therapy or concomitant therapy? Fifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY
INDERAL® LA
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...
NEW LOW DOSE
INDERAL LA 60 mg
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information

The one you know best keeps looking better

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULAR.)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride. INDERAL LA is available as 60 mg, 80 mg, 120 mg, and 160 mg capsules.

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity. It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites. When access to beta-receptor sites is blocked by INDERAL, the chronotropic, inotropic, and vasodilator responses to beta-adrenergic stimulation are decreased proportionately.

INDERAL LA Capsules (60, 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate. Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours. When measured at steady state over a 24-hour period, the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets. The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol resulting from the slower rate of absorption of propranolol. Over a twenty-four (24) hour period, blood levels are fairly constant for about twelve (12) hours then decline exponentially.

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose. When changing to INDERAL LA from conventional propranolol, a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval. In most clinical settings, however, such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate, systolic pressure and rate pressure product. INDERAL LA can provide effective beta blockade for a 24-hour period.

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension. It may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic. INDERAL LA is not indicated in the management of hypertensive emergencies.

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris.

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache. The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use.

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina, palpitations, and syncope. INDERAL LA also improves exercise performance. The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation. Clinical improvement may be temporary.

CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first-degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL.

WARNINGS. CARDIAC FAILURE. Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely; or INDERAL should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy. Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema)—PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

MAJOR SURGERY: The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers.

DIABETES AND HYPOGLYCEMIA: Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required. Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels.

THYROTOXICOSIS: Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case, this resulted after an initial dose of 5 mg propranolol.

PRECAUTIONS. GENERAL: Propranolol should be used with caution in patients with impaired hepatic or renal function. INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that INDERAL may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS: Elevated blood urea levels in patients with severe heart disease; elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS: Patients receiving catecholamine-depleting drugs such as reserpine should be closely observed if INDERAL is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

Caution should be exercised when patients receiving a beta blocker are administered a calcium-channel-blocking drug, especially intravenous verapamil, for both agents may depress myocardial contractility or atrioventricular conduction. On rare occasions, the concomitant intravenous use of a beta blocker and verapamil has resulted in serious adverse reactions, especially in patients with severe cardiomyopathy, congestive heart failure or recent myocardial infarction.

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol.

Ethanol slows the rate of absorption of propranolol.

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance.

Chlorpromazine, when used concomitantly with propranolol, results in increased plasma levels of both drugs.

Antipyrine and *lidocaine* have reduced clearance when used concomitantly with propranolol.

Thyroxine may result in a lower than expected T_3 concentration when used concomitantly with propranolol.

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination and increasing blood levels.

Theophylline clearance is reduced when used concomitantly with propranolol.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. INDERAL has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximum recommended human dose.

There are no adequate and well-controlled studies in pregnant women. INDERAL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS: INDERAL is excreted in human milk. Caution should be exercised when INDERAL (propranolol HCl) is administered to a nursing woman.

PEDIATRIC USE: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular: Bradycardia, congestive heart failure, intensification of AV block, hypotension, paresthesia of hands, thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type.

Central Nervous System: Light-headedness, mental depression manifested by insomnia, lassitude, weakness, fatigue, reversible mental depression progressing to catatonia, visual disturbances, hallucinations, vivid dreams, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. For immediate formulations, fatigue, lethargy and vivid dreams appear dose related.

Gastrointestinal: Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation, mesenteric arterial thrombosis, ischemic colitis.

Allergic: Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory: Bronchospasm.

Hematologic: Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous: Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence, and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily. If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained. INDERAL LA should not be considered a simple mg-for-mg substitute for INDERAL. INDERAL LA has different kinetics and produces lower blood levels. Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval.

HYPERTENSION—*Dosage must be individualized.* The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic. The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved. The usual maintenance dosage is 120 to 160 mg once daily. In some instances a dosage of 640 mg may be required. The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks.

ANGINA PECTORIS—*Dosage must be individualized.* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optimal response is obtained. Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily. In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established.

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (see WARNINGS).

MIGRAINE—*Dosage must be individualized.* The initial oral dose is 80 mg INDERAL LA once daily. The usual effective dose range is 160-240 mg once daily. The dosage may be increased gradually to achieve optimal migraine prophylaxis. If a satisfactory response is not obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued. It may be advisable to withdraw the drug gradually over a period of several weeks.

HYPERTROPHIC SUBAORTIC STENOSIS—80-160 mg INDERAL LA once daily.

PEDIATRIC DOSAGE—At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use.

*The appearance of these capsules is a registered trademark of Ayerst Laboratories.

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cian or surgeon licensed in this Commonwealth must qualify under one of the following and provide the required information:

a. Proof of coverage at $200,000/$600,000 is required if more than 50 percent of the practice is conducted in this Commonwealth, proof that the insurance company has paid the surcharge into the Medical Professional Liability Catastrophe Loss Fund.

b. Proof of basic coverage insurance in the amount of $200,000/$600,000 or an approved self-insurance plan is required if 50 percent or less of the practice is in this Commonwealth.

c. A licensee practicing solely as a federal employee is not required to participate in the professional liability insurance program, nor is the licensee required to comply with the Health Care Services Malpractice Act.

d. A licensee who provides *no* medical service in this Commonwealth is not required to comply with the insurance requirements of the Health Care Services Malpractice Act. Proof of nonpractice must be furnished by notarized statement initially and subsequently upon request.

3. *Certification of noncompliers; noncompliance letters*—The director of the Medical Professional Liability Catastrophe Loss Fund furnishes the medical board office with a certification of the names of those licensed physicians and surgeons who are not in compliance with the Health Care Services Malpractice Act or have not demonstrated compliance. Upon receipt of the certification, the board forwards a letter to the physician requiring him to either furnish sufficient evidence of compliance to the Office of the Medical Professional Liability Catastrophe Loss Fund or to request a hearing.

4. *Formal hearings for noncompliance*—A physician or surgeon who has requested a hearing or who has failed to demonstrate compliance with the Health Care Services Malpractice Act will be issued a citation and notice of hearing. The process has been previously reviewed in detail in this series of articles.[4,12,13]

5. *Penalty*—Failure to comply with the Health Care Services Malpractice Act and the regulations issued thereunder may result in the suspension or revocation of a license, or other disciplinary action, after a formal hearing.

N. Reports of the board[4,6]

1. *Budget practice*—The Medical Practice Act requires that the board must submit annually to the Department of State an estimate of the financial requirements of the board for its administrative, investigative, legal and miscellaneous expenses.

2. *Reports to House and Senate Appropriations Committees*—The board must submit annually to the House and Senate Appropriations Committees, 15 days after the governor has submitted his budget to the General Assembly, a copy of the budget request for the upcoming fiscal year which the board previously submitted to the department.

3. *Reports to other House and Senate committees*[4,6]—The board must submit annually a report to the Professional Licensure Committee of the House of Representatives and to the Consumer Protection and Professional Licensure Committee of the Senate. The report must contain a description of the types of complaints received, status of cases, board action which has been taken, and the length of time from the initial complaint to final resolution. The report must also include a statement of the numbers and types of licenses granted and a statement on use of physician assistants in this Commonwealth, including geographic location and practice settings.

This requirement was included in the Medical Practice Act because the Bureau of Professional and Occupational Affairs did not meet the legal requirements of the previous Medical Practice Act of 1974, anticipated by the legislators. The following is a quotation from the legislative Sunset Performance Audit:[10] "The auditors reviewed 12 disciplinary actions taken by the State Board of Medical Education and Licensure during 1983 and found that **it required an average of nearly three years between when a complaint was first received by the board and when disciplinary action was actually taken against the physician.** In reviewing these recently closed cases, the auditors discovered cases in which physicians who appear to present a serious threat to the public health, safety, and welfare were allowed to continue in their practice for an extended period of time. The auditors also reviewed cases before the board which were open, i.e., in which **no disciplinary** action had yet been taken as of mid-May, 1984. In reviewing these open cases, the auditors again discovered examples of physicians who appear to be free to practice despite evidence which indicates that they may present a serious threat to the public. Among the reasons cited by board prosecutors as to why these physicians are not disciplined in a more timely manner were the shortage and high turnover of prosecutors (especially prior to early 1983) and a lack of sufficient numbers of professional conduct investigators (PCIs) with adequate technical skills to investigate the full range of cases appearing before the State Board of Medical Education and Licensure." *Author's note: This is incomprehensible in face of funds available in excess of 5 million dollars at that time.*

O. Medical disciplinary process and procedures (Subchapter E of Chapter 16)

The disciplinary procedure followed and the use of hearing examiners were described in detail and previously reviewed (Part V, Responsibility of the Medical Board for Law Enforcement and Discipline)[4] and will not be repeated here. Although the procedure is now recorded in the regulations, it is essentially the same procedure previously followed by the board[12] regarding complaints which are identified by the regulations as immoral and unprofessional conduct and subject to punitive action and which are as follows:

1. A physician who engages in unprofessional or immoral conduct is subject to disciplinary action under section 41 of the act (63 P.S. §422.41). Unprofessional conduct includes (Section 16.61 of Chapter 16),[6] but is not limited to, the following:

a. Revealing personally identifiable facts, obtained as the result of a physician-patient relationship, without the prior consent of the patient, except as authorized or required by statute;

b. Violating a statute, or a regulation, which imposes a standard for the practice of medicine in this Commonwealth. The board, in reaching a decision on whether there has been a violation of a statute, rule, or regulation, will be guided by adjudications of the agency or court which administers or enforces the standard;

c. Performing a medical act incompetently or performing a medical act which the physician knows or has reason to know that he is not

competent to perform;
d. Unconditionally guaranteeing that a cure will result from the performance of medical services;
e. Advertising of medical business which is intended to or has a tendency to deceive the public;
f. Practicing medicine fraudulently, or with reckless indifference to the interests of a patient on a particular occasion, or with negligence on repeated occasions;
g. Practicing medicine while the ability to practice is impaired by alcohol, drugs, or physical or mental disability;
h. Knowingly permitting, aiding or abetting a person who is not licensed or certified, or exempt from license or certification requirements, to perform activities requiring a license or certification in a health care practice;
i. Continuing to practice while the physician's license has expired, is not registered or is suspended or revoked;
j. Impersonating another healthcare practitioner;
k. Possessing, using, prescribing for use, or distributing a controlled substance or a legend drug in a way other than for an acceptable medical purpose (An acceptable experimental purpose is considered an acceptable medical purpose);
l. Offering, undertaking, or agreeing to cure or treat a disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for a human condition by a method, means or procedure which the licensee refuses to divulge to the board upon demand of the board;
m. Charging a patient or a third-party payor for a medical service not performed (**This paragraph does not apply to charging for an unkept office visit**);
n. Delegating a medical responsibility to a person when the physician knows or has reason to know that the person is not qualified by training, experience, license, or certification to perform the delegated task;
o. Failing to exercise appropriate supervision over a person who is authorized to practice only under the supervision of the physician;
p. Willfully harassing, abusing, or intimidating a patient;
q. Abandoning a patient (Abandonment occurs when a physician withdraws his services after a physician-patient relationship has been established, by failing to give notice to the patient of the physician's intention to withdraw in sufficient time to allow the patient to obtain necessary medical care. Abandonment also occurs when a physician leaves the employment of a group practice, hospital, clinic or other health care facility, without the physician giving reasonable notice and under circumstances which seriously impair the delivery of medical care to patients);
r. Failing to make available to the patient or to another designated health care practitioner, upon a patient's written request, the medical record or a copy of the medical record relating to the patient which is in the possession or under the control of the physician; or failing to complete those forms or reports, or components of forms or reports, which are required to be completed by the physician as a precondition to the reimbursement or direct payment of the medical expenses of a patient by a third party (Reasonable fees may be charged for making available copies, forms or reports. Prior payment for professional services to which the records relate—this does not apply to fees charged for reports—may not be required as a condition for making the records available. A physician may withhold information from a patient if, in the reasonable exercise of his professional judgment, he believes release of the information would adversely affect the patient's health.);
s. Violating a provision of the regulations which fix a standard of professional conduct.

2. Immoral conduct includes, but is not limited to, the following:
a. Misrepresentation or concealment of a material fact in obtaining a license to practice medicine or a reinstatement thereof;
b. The commission of an act involving moral turpitude, dishonesty, or corruption when the act directly or indirectly affects the health, welfare, or safety of citizens of this Commonwealth ("If the act constitutes a crime, conviction thereof in a criminal proceeding is not a condition precedent to disciplinary action").

P. Maintaining standards of medical care (Subchapter F of Chapter 16) regarding prescribing and administering of drugs and maintaining medical records[6]

In order to maintain a basic standard of usual and acceptable quality of medical care, basic standards of practice have been established through the regulatory authority of the medical board.

1. *Preprinted presription*—Since January 1983, the law requires that the name and license number of the physician be printed or preprinted on a written prescription for drugs and on a written order for services or equipment to be provided to a patient by another provider unless the patient is receiving those drugs or other services or equipment as part of inpatient services. The original purpose was to avoid forgery and the illicit use of prescription blanks by unauthorized personnel.

2. *Prescribing, administering and dispensing controlled substances*[13]—A physician, when prescribing, administering, or dispensing controlled substances, must meet the following minimum standards:[6]

a. *Initial medical history and physical examination*—In a health care facility regulated by the Department of Health or the Department of Public Welfare, an initial medical history must be taken and an initial physical examination must be conducted to the extent required by the Department of Health in 28 Pa. Code (related to health and safety) or Department of Public Welfare in 55 Pa. Code (relating to public welfare). In other practice settings, such as in a physician's private office, before commencing treatment that **involves prescribing, administering or dispensing a controlled substance, an initial medical history must be taken and an initial physical examination must be conducted**[6,14] unless emergency circumstances justify otherwise. Alternatively, medical history and physical examination information recorded by another health care provider may be utilized to fulfill this requirement if the medical history was taken and the physical examination was conducted within the immediately preceding 30 days. The physical examination must in-

clude an evaluation of the heart, lungs, blood pressure, and body functions that relate to the patient's specific complaint.

b. *Recurrent treatment and re-evaluations*—Among the factors to be considered in determining the legitimacy of the long-term use of controlled substances based on the medical record are the number and frequency of follow-up evaluations that have been recommended to the patient utilizing controlled substances, the condition diagnosed, the controlled substance involved, expected results, and possible side effects. By regulation, these should all be in evidence in the medical record. For chronic conditions, periodic follow-up evaluations must be recommended to the patient in order to monitor the effectiveness of the controlled substance in achieving the intended results.

c. *Patient counseling*—The regulation requires that appropriate counseling must be given to the patient regarding the condition diagnosed and the controlled substance prescribed, administered or dispensed. Unless the patient is in an inpatient care setting, the patient must be specifically counseled about dosage levels, instructions for use, frequency and duration of use, and possible side effects of the drug being employed.

d. *Medical records*—In a health care facility regulated by the Department of Health, the Department of Public Welfare or the federal government, information pertaining to the prescription, administration, or dispensation of a controlled substance must be entered in the medical records of the patient and the health care facility under 28 Pa. Code or 55 Pa. Code or appropriate federal regulations and bylaws of the health care facility and its medical staff. **In other practice settings, such as a physician's office, certain information must be recorded in the patient's medical record on each occasion when a controlled substance is prescribed, administered, or dispensed.** This information must include the name of the controlled substance, its strength, the quantity and the date it was prescribed, administered or dispensed. On the initial occasion, when a controlled substance is prescribed, administered, or dispensed to a patient, the medical record must also include a specification of the symptoms observed and reported, the diagnosis of the condition for which the controlled substance is being given, and the directions given to the patient for the use of the controlled substance. If the same controlled substance continues to be prescribed, administered, or dispensed, the medical record must reflect changes in the symptoms observed and reported, in the diagnosis of the condition for which the controlled substance is being given, and in the directions given to the patient.

e. *Emergency prescriptions*—In the case of an emergency phone call by a known patient, a prudent, short-term prescription for a controlled substance may be issued. **Neither a refill nor a consecutive issuance of this emergency prescription may be given unless a physical examination and evaluation of the patient are first conducted.** The results of this examination and evaluation must be set forth in the patient's medical record together with the diagnosis of the condition for which the controlled substance is being prescribed. An emergency oral prescription for a Schedule II controlled substance must be covered by a written prescription delivered to the pharmacist within 72 hours. In certain health care facilities regulated by the Department of Health, the Department of Public Welfare, and the federal government, orders for the immediate, direct administration of a Schedule II controlled substance to a patient are not subject to the requirements in this regulation.

This regulation does not restrict or limit the application of the Controlled Substance, Drug, Device, and Cosmetic Act or of another statute or regulation, and does not relieve a person from complying with more stringent standards that may be imposed by another statute or regulation, and compliance with this regulation is not treated as compliance with the standards of acceptable and prevailing medical practice when medical circumstances require that the practitioner exceed those standards.

3. *Packaging and labeling of dispensed drugs*[6]

a. *Packaging of dispensed drugs*—Prescription drugs, or drugs that cannot be purchased over the counter, for oral administration must be dispensed in safety closure packaging, except where exempt by state or federal statute or regulation or as specifically requested by the patient.

b. *Labeling of dispensed drugs*

i. The regulation requires that the label on a dispensed drug container must include the name of the drug, the quantity, and the name of the manufacturer if the drug is a generic drug. If a practitioner specifically indicates that the name of the drug may not appear on the label, the recognized national drug code number should be placed on the label if the number is available for the product. The label must also bear the name and address of the practitioner, the date dispensed, the name of the patient, and the directions for use of the drug by the patient.

ii. Drugs which, at the time of their dispensing, have full potency for less than one year, as determined by the expiration date placed on the original label by the manufacturer, may only be dispensed with a label that indicates the expiration date. The label must include the statement "Do not use after manufacturer's expiration date," or similar wording.

4. *Regulation regarding medical records in general*[6]

a. A physician must maintain medical records for patients which accurately, legibly, and completely reflect the evaluation and treatment of the patient. The components of the records are not required to be maintained at a single location. Entries in the medical record must be made in a timely manner.

b. The medical record must contain information sufficient to clearly identify the patient, the person making the entry if the person is not the physician—such as a physician assistant or a certified registered nurse practitioner—the date of the medical record entry and patient complaints and symptoms.

c. Clinical information pertaining to the patient which has been accumulated by the physician, either by himself or through his agents, must be incorporated in the patient's

medical record.

d. The medical record must also include diagnosis, the findings and results of pathologic or clinical laboratory examination, radiology examination, medical and surgical treatment and other diagnostic, corrective or therapeutic procedures.

e. A patient's medical record must be **retained by a physician for at least seven years from the date of the last medical service** for which a medical record entry is required. **The medical record for a minor patient shall be retained until one year after the minor patient reaches majority,** even if this means that the physician retains the record for a period of more than seven years.

f. The components of a patient's medical record, which are prepared by a physician or his agent and which are retained by a health care facility regulated by the federal government, or by the Department of Health or the Department of Public Welfare are considered to be a part of the patient's medical record which is required to be maintained by a physician, but are otherwise exempt from the requirements in sections a to e above.

5. Prescribing, administering, and dispensing controlled sympathomimetic amines specifically (Subchapter F, Chapter 16, Section 16.96[6]

Section 16.96 of Chapter 16 prohibits a physician from prescribing, administering, or dispensing any sympathomimetic amines for weight reduction which are classified as Schedule II controlled substances. This includes amphetamines or any other compound, derivative, congener, or analog thereof. This regulation is to become effective on July 17, 1987.

The remainder of this regulation is under review by the medical board and the health department. Plans are to amend the remaining parts of this regulation and to implement an amended version by October 1, 1987. When the regulation is published, a review of its provisions will appear as part of this series on the Medical Practice Act of 1985.

Q. Summary

1. The general provisions of the Medical Practice Act of 1985 and the regulations promulgated by the State Board of Medicine under the authority of the Medical Practice Act for maintaining acceptable standards of medical care have been reviewed.

2. The requirements for prescribing, administering, and dispensing controlled substances, as promulgated in the regulations, were developed primarily to prevent the diversion of controlled substances for inappropriate use and illegal street use. The requirements for the establishment of a medical record which contains basic information is actually not so much for the physician administering controlled substances but rather for the prevention of diversion of controlled substances through illicit channels without medical indication. The basic requirements of a medical record to accomplish this objective have been described. In addition, other basic requirements for the utilization of controlled substances have been reviewed including the issuance of emergency prescriptions and the requirements for dispensing drugs through a physician's office covering packaging and labeling.

3. Requirements for retaining the medical records for at least seven years appear appropriate. The medical record for minors must be retained for at least one year after the minor patient has reached majority, even though that period of time may be significantly greater than the seven years basic minimum requirement for retention of the medical record.

4. The requirements for Health Care Liability Insurance have been summarized. Physicians who fail to maintain malpractice coverage jeopardize their licensure status and, if not corrected, will result in revocation of license.

5. When the Medical Practice Act was rewritten in 1985, the House and the Senate included a provision that the medical board must report through the Department of State to the House and Senate Appropriations Committees. This report must include the current status of licensees, the status of law enforcement provisions, and the administrative operation of the State Board of Medicine as well as other issues of importance to the legislative committees.

6. A new provision, as required by law in the regulations, is the requirement that punitive action taken against any licensee be reported to the Federation of State Medical Boards, Inc., as a central registry which is then made available to all other state boards of licensure. This has been done to prevent physicians who have been penalized because of inappropriate and illegal medical practice from moving from one state to another and thus avoiding punitive action while they continue to practice medicine. □

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News from DISTA about a new dosage form of cephalexin

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Keflet is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-sensitive patients.

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Brief Summary. Consult the package literature for prescribing information.
Indications and Usage: Keflet™ Tablets (cephalexin, Dista) are indicated for the treatment of the following infections when caused by susceptible strains of the designated microorganisms.

Respiratory tract infections caused by *Streptococcus pneumoniae* and group A β-hemolytic streptococci (Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. Keflet is generally effective in the eradication of streptococci from the nasopharynx; however, substantial data establishing the efficacy of Keflet in the subsequent prevention of rheumatic fever are not available at present.)

Otitis media due to *S pneumoniae, Haemophilus influenzae,* staphylococci, streptococci, and *Neisseria catarrhalis*

Skin and skin-structure infections caused by staphylococci and/or streptococci

Bone infections caused by staphylococci and/or *Proteus mirabilis*

Genitourinary tract infections, including acute prostatitis, caused by *Escherichia coli, P mirabilis,* and *Klebsiella* sp.

Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

Contraindication: Keflet is contraindicated in patients with known allergy to the cephalosporin group of antibiotics.

Warnings: BEFORE CEPHALEXIN THERAPY IS INSTITUTED, CAREFUL INQUIRY SHOULD BE MADE CONCERNING PREVIOUS HYPERSENSITIVITY REACTIONS TO CEPHALOSPORINS AND PENICILLIN. CEPHALOSPORIN C DERIVATIVES SHOULD BE GIVEN CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS.

SERIOUS ACUTE HYPERSENSITIVITY REACTIONS MAY REQUIRE EPINEPHRINE AND OTHER EMERGENCY MEASURES.

There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflet.

Pseudomembranous colitis has been reported with virtually all broad spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C difficile.* Other causes of colitis should be ruled out.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: *General*—Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflet occurs, the drug should be discontinued and the patient treated with the usual agents (eg, epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflet may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Keflet should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflet, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy—Pregnancy Category B—The daily oral administration of cephalexin to rats in doses of 250 or 500 mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only, had no adverse effect on fertility, fetal viability, fetal weight, or litter size. Note that the safety of cephalexin during pregnancy in humans has not been established.

Cephalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals. Nevertheless, because the studies in humans cannot rule out the possibility of harm, Keflet should be used during pregnancy only if clearly needed.

Nursing Mothers— The excretion of cephalexin in the milk increased up to 4 hours after a 500-mg dose; the drug reached a maximum level of 4μg/mL, then decreased gradually, and had disappeared 8 hours after administration. Caution should be exercised when Keflet is administered to a nursing woman.

Adverse Reactions: *Gastrointestinal*—Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Dyspepsia and abdominal pain have also occurred. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.

Hypersensitivity— Allergic reactions in the form of rash, urticaria, angioedema, and, rarely, erythema multiforme, Stevens-Johnson Syndrome, or toxic epidermal necrolysis have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache. Eosinophilia, neutropenia, thrombocytopenia, and slight elevations in SGOT and SGPT have been reported.

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medical feature

New drugs for use in 1987—part three

Daniel A. Hussar

This third and final article in the series on important properties of new drugs covers antiulcer agents, antiemetic agents, topical corticosteroids, and others. This discussion provides summary information on each agent. When additional information is needed, more comprehensive references or the product literature should be consulted.

Antiulcer agent

Famotidine (Pepcid-Merck, Sharp and Dohme) is a histamine H_2 receptor antagonist that is similar to cimetidine (Tagamet) and ranitidine (Zantac) in its ability to inhibit gastric acid secretion. It is indicated for the short-term treatment of active duodenal ulcer, maintenance therapy for duodenal ulcer patients at reduced dosage after healing of an active ulcer, and the treatment of pathological hypersecretory conditions (e.g., Zollinger-Ellison syndrome, multiple endocrine adenomas). At present, its labeled indications do not include gastric ulcer for which both cimetidine and ranitidine are indicated, or gastroesophageal reflux disease for which ranitidine is indicated. However, the three agents can be expected to be equally effective in these conditions.

Adverse reactions associated with the use of famotidine occur infrequently; those effects considered to be causally related to the drug include headache (4.7%), dizziness (1.3%), constipation (1.2%), diarrhea (1.7%), and transient irritation at the injection site when administered intravenously. Unlike cimetidine which has a weak antiandrogenic effect, famotidine has not been reported to cause reactions such as gynecomastia or impotence. Studies of the concurrent use of famotidine with other therapeutic agents have not identified any clinically important drug interactions. This represents an advantage of the new agent over cimetidine which is known to increase the activity of a number of other drugs by inhibiting their hepatic metabolism.

Following oral administration, famotidine is incompletely absorbed and the bioavailability of oral doses is 40 to 45 percent. Although bioavailability may be slightly increased by food, or slightly decreased by antacids, these effects are of no clinical consequence. The drug is eliminated by renal (65 to 70 percent) and metabolic routes and lower doses or a longer interval between doses may be needed in patients with severe renal insufficiency.

The usual oral dosage of famotidine is 40 mg once a day at bedtime for active duodenal ulcer and 20 mg at bedtime for maintenance therapy. Most patients with active duodenal ulcer heal within four weeks and there is seldom a need to use famotidine at the full dosage for longer than six to eight weeks. Cimetidine and ranitidine, when first marketed, were administered four times a day and twice daily, respectively. However, higher potency formulations of these agents which can be administered less frequently, have recently been introduced and all three agents in this class can be used effectively in a once-a-day regimen.

Higher dosages are indicated in the treatment of pathological hypersecretory conditions. The recommended oral starting dosage is 20 mg every six hours and this can be increased as needed. Dosages up to 160 mg every six hours have been administered to some patients with severe Zollinger-Ellison syndrome.

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Although usually administered orally, famotidine is also available in a parenteral formulation for use in some hospitalized patients with intractable ulcers or pathological hypersecretory conditions, or for short-term use in patients who are unable to take oral medication. The recommended dosage is 20 mg every 12 hours administered by intravenous injection (over a period of not less than two minutes) or intravenous infusion (over a 15-30 minute period). Parenteral formulations of cimetidine and ranitidine have been administered intramuscularly as well as intravenously, but at more frequent intervals (i.e., every six to eight hours by either the IM or IV route) than the new agent.

Famotidine is available in tablets in 20 and 40 mg potencies and in vials containing the drug in a concentration of 10 mg/ml.

Antiemetic

Dronabinol (Marinol-Roxane), also known as delta-9-tetrahydrocannabinol, delta 9-THC, or THC, is the principal psychoactive substance present in marijuana. Although not available through legal channels until recently, and usually thought of as a substance that is widely abused/misused, marijuana (usually as dronabinol) has been evaluated for possible therapeutic uses over a number of years, and is now available for the treatment of nausea and vomiting associated with cancer chemotherapy in patients who have failed to respond adequately to conventional antiemetic treatments.

In comparative studies, dronabinol has been as effective or more effective than prochlorperazine (Compazine) in preventing nausea and vomiting, and it represents an important alternative for those patients in whom the conventional therapies are ineffective. Al-

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though dronabinol is effective in many patients who are refractory to standard antiemetics, it may be less effective than intravenously administered metoclopramide (Reglan) and is often ineffective in controlling the nausea and vomiting associated with the use of cisplatin (Platinol).

Dronabinol has also been investigated for therapeutic use in a number of other conditions such as glaucoma and neurologic disorders such as multiple sclerosis. However, data are insufficient at this time to assess its value in these situations.

Dronabinol can produce both physical and psychological dependence. It is controlled under Schedule II of the Controlled Substances Act having been rescheduled from Schedule I by the Drug Enforcement Administration, which was a prerequisite for its marketing. The rescheduling of dronabinol was also accomplished in most states by the end of 1986.

The adverse reactions most often reported with dronabinol involve the central nervous system and include, in decreasing order of frequency, drowsiness, dizziness, muddled thinking, and brief impairment of coordination, sensory, and perceptual functions. Less frequently reported effects include ataxia, concentration difficulties, depersonalization, hallucinations, and brief psychotic reactions. About 24 percent of the patients in the controlled trials experienced easy laughing, elation, and heightened awareness, often termed a "high."

Patients for whom dronabinol is prescribed should be warned not to operate machinery or a motor vehicle, or engage in activities requiring unimpaired coordination and sound judgment. The use of alcoholic beverages should be avoided because of the likelihood of additive CNS depression. The use of dronabinol is best avoided in patients taking a CNS depressant or other psychoactive medication; in those situations in which the use of both agents is considered essential, therapy must be closely monitored.

Because it may cause a general increase in central sympathomimetic activity, dronabinol should be used with caution in persons with hypertension or heart disease. Some patients in the clinical studies experienced tachycardia and orthostatic hypotension as well as effects such as dry mouth.

Following oral administration, dronabinol has a systemic availability of 10 to 20 percent relative to an IV dose, suggesting that it undergoes extensive first-pass metabolism. It is converted to numerous metabolites, including 11-hydroxytetrahydrocannabinol which is also psychoactive. Biliary excretion is the major route of elimination. Both dronabinol and its active metabolites have long half-lives, and extended use of the drug may result in accumulation and an increased risk of adverse effects.

Because of its potential to cause serious CNS effects including psychotomimetic reactions, the use of dronabinol must be reserved for patients who have not responded adequately to standard antiemetics. It is recommended that prescriptions be limited to the amount needed for a single cycle of chemotherapy (i.e., a few days).

The recommended initial dosage of dronabinol is 5 mg/m^2 given one to three hours prior to the administration of chemotherapy, then every two to four hours after chemotherapy is given for a total of four to six doses/day. Some utilize an initial dosage of 10 mg/m^2 and some begin dronabinol the night before starting chemotherapy. The dosage may be increased by 2.5 mg/m^2 increments, if needed, to a maximum of 15 mg/m^2 per dose. The incidence of adverse effects increases as the dosage is escalated.

Dronabinol is chemically synthesized and formulated in sesame oil which is encapsulated in soft gelatin capsules containing the drug in 2.5, 5, and 10 mg potencies.

Another orally active cannabinoid, nabilone (Cesamet-Lilly), has also been approved by the Food and Drug Administration for the management of nausea and vomiting. However, the Drug Enforcement Administration has not scheduled this product and it is not yet available.

Agent for glaucoma

Levobunolol hydrochloride (Betagan-Allergan) is a noncardioselective beta-adrenergic blocking agent for ophthalmic use. It is effective in lowering intraocular pressure and is indicated in patients with chronic open-angle glaucoma or ocular hypertension. The levo isomer is about 60 times as potent as the dextro isomer in its beta-blocking activity, yet the two isomers are equipotent in their potential for direct myocardial depression. Accordingly, the levo isomer is used in the available formulation.

Levobunolol is the third beta-blocker to be marketed in an ophthalmic dosage form for the treatment of conditions like glaucoma. It joins timolol (Timoptic) and betaxolol (Betoptic) and the 3 agents appear to be equally effective. Levobunolol and timolol are noncardioselective beta-blockers whereas betaxolol is cardioselective and may be less likely to cause systemic effects such as bronchospasm in patients with asthma.

The local adverse effects associated with the ophthalmic administration of levobunolol include transient burning and stinging (25 percent) and blepharoconjunctivitis (5 percent). Systemic effects such as decreases in heart rate and blood pressure have been experienced by some patients.

Because levobunolol and the other topically applied beta-blockers may be absorbed systemically, they may cause severe cardiac and respiratory reactions. Their use is contraindicated in patients with bronchial asthma or severe chronic obstructive pulmonary disease, sinus bradycardia, second and third degree atrioventricular block, overt cardiac failure, or cardiogenic shock. Like the other beta-blockers, levobunolol must be used with caution in patients with diminished pulmonary function, thyroid disorders, and diabetes mellitus (since the signs and symptoms of acute hypoglycemia may be masked).

Levobunolol must be used with caution in patients who are also taking another beta-blocker orally for another indication, because of the potential for additive effects on systemic beta-blockade. Therapy should also be closely monitored in patients receiving catecholamine-depleting drugs such as reserpine because of possible additive effects and the production of hypotension and/or marked bradycardia.

Levobunolol is available as an ophthalmic solution containing the drug in a 0.5 percent concentration. It, and its active metabolite, dihydrolevobunolol, are long acting and the usual dosage is one drop in the affected eye(s) once or twice daily. Both timolol and betaxolol are administered twice a day, and the less frequent administration of levobunolol that is possible in some patients may provide an advantage for the new agent.

Topical corticosteroids

Alclometasone dipropionate

Aclovate-Glaxo) and clobetasol propionate (Temovate-Glaxo) are the most recent additions to the group of topical corticosteroids. Both agents exhibit the anti-inflammatory, antipruritic, and vasoconstrictive actions that are characteristic of this class of drugs although they differ considerably in their potency. Alclometasone is considered a low-potency steroid whereas clobetasol is highly potent and may be more effective than most other steroids in the management of severe dermatoses. Both of the new agents are indicated for the relief of the inflammatory and pruritic manifestations of corticosteroid-responsive dermatoses although clobetasol, because of its high potency and greater potential for causing systemic adverse effects, is primarily used in the short-term treatment of moderate to severe dermatologic problems.

Although adverse reactions such as burning, stinging, and itching are experienced infrequently, alclometasone and clobetasol are well tolerated at the site of application. The development of systemic adverse effects with alclometasone is unlikely; however, the high potency of clobetasol increases the possibility of systemic effects such as hyperglycemia, glucosuria, manifestations of Cushing's syndrome, and suppression of the hypothalamic-pituitary-adrenal (HPA) axis. The extent of percutaneous absorption of a topical steroid is influenced by a number of factors including the vehicle, the integrity of the epidermal barrier, the size of the area to which the medication is applied, the duration of therapy, and the use of occlusive dressings. If one or more of these factors suggests a possibility of increased systemic absorption, the patient should be evaluated periodically for evidence of HPA axis suppression.

Because children have a larger skin surface area to body weight ratio, they may absorb proportionally larger amounts of a topical steroid than adult patients and, therefore, be more susceptible to systemic toxicity. The use of clobetasol in children under 12 years of age is not recommended and the administration of alclometasone to pediatric patients should be limited to the smallest amount needed to achieve the desired therapeutic response.

Although not marketed until late 1986, alclometasone dipropionate (Aclovate-Glaxo) was approved by the Food and Drug Administration in 1982. A nonfluorinated, low-potency topical steroid, it is useful in the management

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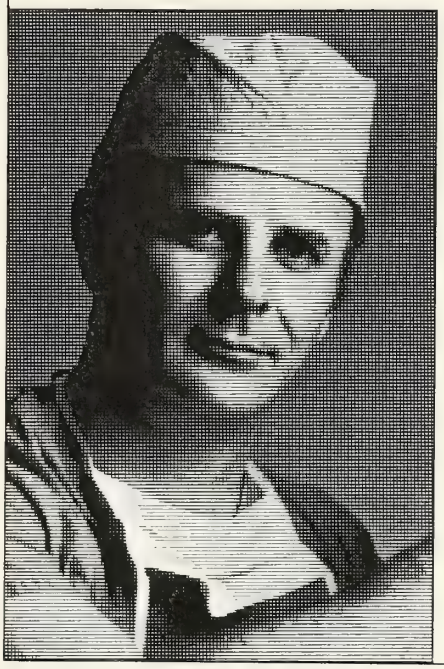

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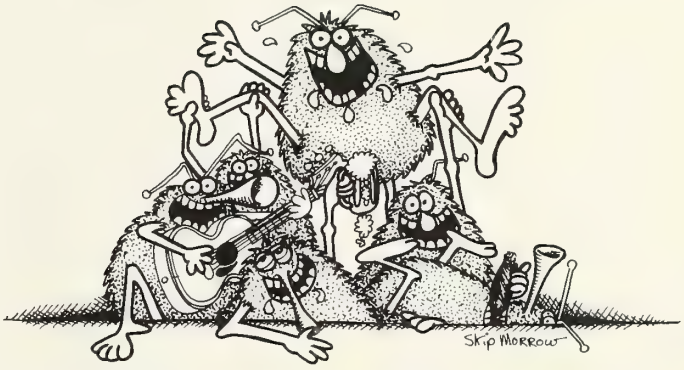

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of conditions such as eczema, atopic dermatitis, and psoriasis, and studies comparing it with hydrocortisone and desonide (Tridesilon) suggest that the new agent is equally effective.

In some of the comparative studies, the incidence of adverse effects with alclometasone has been reported to be lower than with hydrocortisone. However, both agents are well tolerated and adverse reactions are infrequent and usually of minor clinical importance. These low-potency agents are especially suitable for use when long-term treatment is indicated, when the medication is to be applied to a large area, or when occlusion is indicated. However, although they are not likely to cause systemic adverse effects, treatment should be appropriately monitored.

Alclometasone dipropionate is marketed in cream and ointment dosage forms in a concentration of 0.05 percent (15 and 45 gram tubes). A thin film should be applied to the affected areas two or three times daily. Occlusive dressings may be used for the management of refractory lesions of psoriasis and other deep-seated dermatoses, such as localized neurodermatitis.

Clobetasol propionate (Temovate-Glaxo) is an analog of prednisolone that is indicated for the short-term treatment of moderate to severe dermatoses such as psoriasis. It is highly potent and is as effective or more effective than the other topical steroids. The relative potency of topical steroid formulations depends on several factors including the properties and concentration of the drug and the vehicle used. Clobetasol propionate is considered by some to be the most potent topical steroid whereas, in some other classifications, it is considered to be comparable in potency to betamethasone dipropionate in a propylene glycol base (Diprolene).

A less potent topical steroid such as hydrocortisone will often be effective in dermatological conditions in which the symptoms (e.g., pruritus, inflammation) are relatively mild. Formulations containing hydrocortisone in concentrations of 0.25 percent and 0.5 percent are available without a prescription and widely used. However, these formulations are often ineffective in more active acute dermatoses and resistant chronic dermatoses, and a formulation containing a higher concentration of hydrocortisone or a more potent steroid is indicated. Because the potential for systemic effects is greater with a high-potency steroid, the use of clobetasol should generally be reserved for the management of severe dermatoses that have not responded satisfactorily to a less potent formulation.

Clobetasol propionate is available in cream and ointment dosage forms in a concentration of 0.05 percent (15 and 30 gram tubes). A thin layer should be applied to the affected areas twice daily, once in the morning and once at night. Because of its high potency, the treatment period should be limited to 14 days and not more than 50 grams of the cream or ointment should be used per week. Clobetasol has been reported to suppress the HPA axis at doses as low as 2 grams per day and the recommended dosage guidelines should not be exceeded. It is also advised that occlusive dressings not be used in conjunction with clobetasol treatment.

Agent for psoriasis

Etretinate (Tegison-Roche) is a retinoid that is related to retinol (Vitamin A), tretinoin (Retin-A), and isotretinoin (Accutane). It is indicated for the treatment of severe recalcitrant psoriasis including the erythrodermic type (in which the entire skin surface may be red and scaly) and generalized pustular type (characterized by blisters of pus on the skin). Because of serious adverse effects associated with its use, treatment with etretinate should be reserved for patients who are unresponsive to or intolerant of the standard therapies: topical tar plus UVB (ultraviolet light, type B); PUVA (psoralens plus ultraviolet light, type A); systemic corticosteroids; and methotrexate.

The majority of patients treated with etretinate experience clinical improvement and the new agent represents an important addition to the small group of agents that are effective in the management of severe psoriasis. Complete clearing of the disease was observed after four to nine months of therapy in 13 percent of the patients in the clinical trials. However, etretinate is not a cure for psoriasis and most patients experience some degree of relapse within two months after discontinuing treatment. In these situations, subsequent courses of therapy can be administered as needed and as tolerated.

The use of etretinate is also being investigated for the management of other dermatologic conditions such as ichthyoses and other disorders of keratinization. However, these are not labeled indications at the present time.

Etretinate can cause serious birth defects and its use is contraindicated in women who are pregnant, who intend to become pregnant, or who are unreliable or may not use reliable contraception while undergoing treatment. It is recommended that a pregnancy test be performed in women of child-bearing potential within two weeks prior to initiating therapy. An effective form of contraception should be used for at least one month before etretinate therapy, and following discontinuation of therapy for an indefinite period of time. Some patients have had detectable serum drug levels for approximately three years after therapy was discontinued. Because of the exceptionally long half-life, the exact amount of time that should pass before it is safe to become pregnant has not been determined. For reasons of both the type and duration of the risk, the use of etretinate should be avoided in female patients during their child-bearing years unless the benefits anticipated clearly justify the level of risk incurred.

A number of serious adverse reactions were observed in the clinical studies of etretinate, including pseudotumor cerebri (benign intracranial hypertension), hepatitis, corneal opacities, erosion and abrasion, and skeletal hyperostosis (most often involving the ankles, pelvis, and knees). Patients experiencing symptoms suggestive of one of these problems should discontinue treatment until the situation can be appropriately evaluated. Hyperostosis is not always symptomatic but radiographic evidence demonstrates that this effect occurs commonly. The concern about problems involving bone are greater in children because of the growth process. Therefore, etretinate should be used in children only when all other alternative therapies have been exhausted.

Most of the adverse effects reported with etretinate resemble those associated with the hypervitaminosis A syndrome, a wide spectrum of signs and symptoms primarily involving the mucocutaneous, dermatologic, musculoskeletal, and central nervous systems. These effects occur frequently with more than 75% of patients experiencing one or more of the following: palm/sole/fingertip peeling, chapped lips, dry nose, loss of hair. Fifty to 75% of patients experience excessive thirst, sore mouth, dry skin, itching, rash, red scaly

face, skin fragility, bone/joint pain, fatigue or irritation. From 25 to 50% experience nosebleed, bruising, sunburn, muscle cramps, headache, eyeball pain, eyelid abnormalities, abdominal pain, or changes in appetite. And, 10 to 25% of patients report cheilitis, sore tongue, nail disorder, skin peeling, fever, abnormalities in the conjunctiva, cornea, lens, or retina, conjunctivitis, decrease in visual acuity, double vision, and nausea. Although adverse effects can be expected to occur, the improvement of the psoriasis for which the etretinate has been prescribed is such a welcomed benefit that most patients are willing to tolerate the discomfort associated with the undesirable effects of the drug.

Because of the relationship of etretinate to Vitamin A, patients should be advised against taking Vitamin A supplements because of the increased risk of toxic effects. They should also be informed that they may experience decreased tolerance to contact lenses during and after therapy.

Etretinate may cause an elevation of plasma triglycerides, increase cholesterol levels, and decrease high density lipoproteins. Blood lipid determinations should be performed before therapy is initiated and then at intervals of one or two weeks until the lipid response to etretinate is established (usually within four to eight weeks). Blood lipids should be obtained under fasting conditions and, if alcohol has been consumed, at least 36 hours should elapse before these determinations are made.

Elevations of hepatic enzyme levels have also occurred during treatment with etretinate and these tests should also be performed prior to starting therapy and at periodic intervals during the treatment period.

Etretinate is extensively metabolized following oral administration, undergoing significant first-pass metabolism to the acid form which is also pharmacologically active. Both etretinate and its metabolite are highly bound to plasma proteins. The long apparent terminal half-life of approximately 120 days appears to be due to storage of etretinate in adipose tissue.

The dosage of etretinate must be individualized to achieve the maximal therapeutic response with a tolerable degree of side effects. Treatment is usually initiated at a dosage of 0.75 to 1 mg/kg/day taken in divided doses, although erythrodermic psoriasis will often respond to lower initial doses. A maximum dose of 1.5 mg/kg/day should not be exceeded. Patients should be advised that a transient flare-up is commonly seen during initial therapy, before improvement is noticeable. Maintenance doses of 0.5 to 0.75 mg/kg/day may be employed after the initial improvement generally after eight to 16 weeks of therapy. Since relapse often occurs following discontinuation of therapy, some investigators have found approaches such as a "four months on, two months off" regimen to be effective.

Etretinate should be administered with food. Concomitant consumption of milk or a high-lipid diet has been reported to increase the absorption of the drug although such measures are not necessary to achieve the desired therapeutic activity.

Capsules are available in 10 and 25 mg potencies. A pregnancy warning is included on the bottle and patient information leaflets are provided by the manufacturer.

The active metabolite of etretinate, which has a shorter half-life, is currently being evaluated for use in psoriasis. However, studies are still being conducted and this agent cannot be expected to be available for at least several years.

Agent for Paget's disease

Calcitonin-human (Cibacalcin-Ciba) is a synthetic polypeptide hormone consisting of 32 amino acids in the same linear sequence as found in naturally occurring human calcitonin. It differs from calcitonin-salmon (Calcimar) in 16 of the 32 amino acids forming the peptide sequence.

Calcitonin-human is indicated for the treatment of symptomatic Paget's disease of bone. Although many patients with Paget's disease do not have symptoms, some experience pain, which may be severe, and also effects such as bone deformity. It is these individuals who are the primary candidates for calcitonin therapy, and the drug has been demonstrated to be effective in patients with moderate to severe disease characterized by multiple bone involvement and elevations of serum alkaline phosphatase and urinary hydroxyproline excretion.

The effectiveness of the calcitonin-salmon formulation which has been available has been reduced in some patients as a result of antibody formation or hypersensitivity reactions. These responses are not likely to occur with calcitonin-human and this represents a significant advantage for the new agent. Long-term treatment (up to ten or more years in a few patients) with calcitonin-human has not been limited by antibody-mediated resistance, and it has been effective in some patients who developed resistance to calcitonin-salmon.

The calcitonins appear to play a role in the regulation of calcium and bone metabolism; they lower serum calcium levels and increase the urinary excretion of calcium, phosphorus, and sodium. In addition to Paget's disease, calcitonin-salmon is also indicated for hypercalcemic emergencies and postmenopausal osteoporosis (in conjunction with an adequate calcium and Vitamin D intake); however, these conditions are not, at present, labeled indications for the new calcitonin formulation.

The adverse reactions reported most often with the use of calcitonin-human include nausea, with or without vomiting (14-21%), flushing of the face, ears, or hands within minutes of the injection (16-21%), and increased frequency of urination (5-10%). These side effects are often transient and subside with continued therapy. Nausea and flushing may be minimized by administering the medication at bedtime but in some situations it may be necessary to reduce the dosage.

Calcitonin-human is administered subcutaneously and the recommended starting dosage is 0.5 mg daily. Some patients may obtain sufficient improvement that the dosage may be reduced (e.g., 0.25 mg daily or 0.5 mg two to three times weekly), whereas other patients with severe disorders may require doses of up to 1 mg daily (0.5 mg twice daily). Treatment should be continued for at least six months; if symptoms have been relieved, therapy may be discontinued until symptoms or radiologic signs recur.

The drug is supplied in double-chambered syringes, each containing 0.5 mg of calcitonin-human for injection and 20 mg of mannitol, in sterile, lyophilized form, in one chamber, and a 1 ml solution of 30 mg of mannitol in Water for Injection in the other chamber.

Agent for carnitine deficiency

L-carnitine (Carnitor-Sigma-Tau; VitaCarn-Kendall McGaw) is a naturally occurring substance that acts in the body to facilitate the transport of fatty acids into cellular mitochondria. The fatty acids are utilized in energy production in most tissues but espe-

cially in skeletal and cardiac muscle. A deficiency of carnitine can be associated with the deposition of lipid in muscle and the liver, possibly resulting in serious hepatic, neurologic, and cardiac complications, and also impaired growth and development in infants.

L-carnitine is indicated in the treatment of primary systemic carnitine deficiency, a rare inborn error of metabolism in which the biosynthesis or utilization of L-carnitine is impaired and normal dietary sources such as meat and milk are inadequate or ineffectual in compensating for the endogenous deficiency. Although not presently a labeled indication, L-carnitine has been reported to relieve muscle weakness associated with carnitine deficiency in patients on dialysis. Carnitine deficiency may also occur in patients receiving parenteral feedings, and in neonates receiving a carnitine-deficient formula.

Because L-carnitine has been used with good results in reducing cardiac (e.g., cardiomyopathy) and muscular complications associated with carnitine deficiency, some have utilized it in the treatment of other cardiac disorders as well as in attempts to improve athletic performance. However, the drug has not been demonstrated to be effective in these situations.

A number of patients treated with L-carnitine experienced gastrointestinal effects such as nausea, vomiting, abdominal cramps, and diarrhea. Patient body odor is the next most frequent adverse effect which has been reported. Reducing the dosage often decreases or eliminates the GI effects or drug-related odor. The liquid dosage form of L-carnitine may be dissolved in drinks or other liquid foods and consumed slowly in an effort to improve gastrointestinal tolerance.

Carnitine exists as two stereoisomers but only the L-form is biologically active. DL-carnitine is sold in some health food stores as "Vitamin B_T." However, there have been several reports of carnitine deficiency with the use of DL-carnitine, presumably due to competitive inhibition of L-carnitine.

L-carnitine is supplied in tablets (Carnitor) in a 330 mg potency and as an enteral liquid (VitaCarn) containing 1 gram in 10 ml. The recommended adult dosage for the tablets is 990 mg two or three times a day and for the liquid is 1 gram (10 ml) one to three times daily. The recommended dosage for children is 50-100 mg/kg/day in divided doses, with a maximum of 3 grams per day. The entire or partial contents of the containers of liquid should be used immediately after opening, and any unused contents of opened containers should be discarded.

Antineoplastic agent

The marketing of interferon alfa-2a, recombinant (Roferon-A-Roche) and interferon alfa-2b, recombinant (Intro A-Schering) represents an important advance in the use of biotechnology in the production of new therapeutic agents. The interferons are a family of protein molecules that are produced in the body in response to viral infections or to various synthetic and biological inducers. Three major classes of interferons have been identified—alpha, beta, and gamma—and within each of these classes there are a number of different molecular species of interferon.

For many years the investigation of interferon for therapeutic use was limited by the availability of only very small supplies. However, more recently, larger quantities have been prepared using recombinant DNA technology that employs a genetically engineered *E. coli* bacterium containing DNA that codes for the human protein. Both of the new interferon formulations are prepared using this technology.

Interferon alfa-2a contains 165 amino acids and differs chemically from interferon-alfa-2b only by one amino acid. The two agents are considered together as their properties, to the extent they are known at the present time, are very similar. However, as additional information becomes available from studies that are currently being conducted, it is likely that additional differences in their properties and therapeutic uses will be identified.

The two interferon preparations are indicated for the treatment of hairy cell leukemia in patients 18 years of age or older. This is a relatively rare adult leukemia in which interferon has been demonstrated to be much more effective in producing clinical remissions than conventional treatment (i.e., splenectomy, suppressive chemotherapy, or repeated blood and platelet transfusions). In addition to being more effective, interferon, has another advantage of being less likely to cause serious adverse effects.

The recognition of the antitumor and antiviral actions of interferon has resulted in it being studied for the treatment of many disorders and it can be anticipated that the labeled indications will expand on a continuing basis as additional investigations are completed and evaluated. Among the conditions in which studies suggest interferon to be clinically useful are multiple myeloma, malignant melanoma, AIDS-associated Kaposi's sarcoma, renal cell carcinoma, chronic myelogenous leukemia, venereal warts, and prophylaxis against the common cold (via intranasal administration).

Almost all patients treated with interferon experience flu-like symptoms (e.g., fever, chills, fatigue, myalgias, headache) at the beginning of therapy. These effects tend to diminish with continued therapy and can be effectively managed in many patients with the use of an analgesic/antipyretic (e.g., acetaminophen). Administration of the medication at bedtime may also help to reduce the significance of these effects.

Many patients experience fatigue and headache, and dizziness and other central nervous system effects (e.g., confusion, nervousness, depression) occur less commonly. Therefore, patients should be cautioned about these effects and the potential risks of engaging in activities in which full mental and physical alertness and coordination are needed.

Other adverse reactions observed with interferon alfa-2a and interferon alfa-2b include taste alteration, anorexia, weight loss, gastrointestinal effects (e.g., nausea, vomiting, diarrhea, dryness or inflammation of the oropharynx), dermatologic effects (e.g., rash, dry skin or pruritus, alopecia), diaphoresis, peripheral neuropathy, reactivation of herpes labialis, transient impotence, and arthralgias.

Hypotension, hypertension, or tachycardia may occur with the use of interferon although no direct cardiotoxic effect has been identified. In addition, the flu-like symptoms such as fever and chills may exacerbate preexisting cardiac conditions and the drug should be used with caution in patients with severe cardiovascular disease.

Some patients experience leukopenia, thrombocytopenia, and elevations of hepatic enzyme levels. However, the risk of effects such as serious hematological reactions is much lower with interferon than it is with many of the other agents used in the treatment of neoplastic disorders.

Many of the adverse effects observed with interferon are dose-related. In the investigational studies of interferon in certain other neoplastic disorders, higher dosages have been used than those that are indicated for the treatment of hairy cell leukemia. Thus, there should be a recognition of the potential for an increase in the frequency and severity of adverse effects as the indications for interferon expand to include conditions in which higher dosages are needed.

The development of neutralizing antibodies to interferon has been detected, most often in patients receiving dosages higher than those indicated in the management of hairy cell leukemia. However, the clinical significance of these findings is unknown.

The recommended dosage of interferon alfa-2b in the treatment of hairy cell leukemia is 2 million IU/m^2 administered intramuscularly or subcutaneously three times a week. The dosage recommended for interferon alfa-2a is 3 million IU administered IM or SC daily for 16-24 weeks, followed by the administration of maintenance doses of 3 million IU 3 times a week. If a patient does not respond within six months, treatment should be discontinued.

Interferon alfa-2a is available as a solution in vials containing 3 million IU and 18-million IU of the drug and, more recently, also in a powder formulation (to be subsequently reconstituted) in vials containing 18 million IU. Interferon alfa-2b is supplied in vials containing 3, 5, 10, and 25 million IU of lyophilized powder. The appropriate diluents are supplied with each of the formulations requiring reconstitution.

Agent for renal transplant rejection

Muromonab-CD3 (Orthoclone OKT3-Ortho) is a murine monoclonal antibody (from which description the generic name is derived) to the T3 (CD3) antigen of human T cells. It functions as an immunosuppressant and is indicated for the treatment of acute allograft rejection in renal transplant patients.

In about 60 percent of renal transplants, there is a rejection serious enough to require treatment by suppressing the body's immune system. Ideally, an immunosuppressive agent should act only on those T cells causing rejection; however, the steroids are nonspecific in their action and affect all body functions. As the first monoclonal antibody available for therapeutic use, muromonab-CD3 is an important product of biotechnology as it reverses graft rejection probably by blocking the function of only the T cells which play a major role in acute renal transplant rejection.

In controlled clinical trials, muromonab-CD3 has been more effective than conventional high-dose steroid therapy in reversing acute allograft rejection. It has been effective in reversing rejection in some patients in whom high-dose steroid treatment and/or antithymocyte/lymphocyte globulin had either failed or was contraindicated. Therefore, the new agent permitted the salvaging of a number of kidneys that would otherwise have been lost and reduced the need for subsequent surgical procedures.

Muromonab-CD3 is also being studied for the treatment of rejection of other organ transplants, as well as for prophylactic use to prevent rejection of kidney and other organ transplants. However, these are not labeled indications at the present time.

Many patients experience adverse reactions with muromonab-CD3 treatment and a number of these effects occur within one-half to six hours of the first dose. Therefore, treatment should be initiated in a facility in which the patient can be closely monitored and which is equipped and staffed for cardiopulmonary resuscitation. The most severe reaction is potentially fatal pulmonary edema which has occurred in patients with fluid overload prior to treatment. Because of this risk, patients should be evaluated for fluid overload by chest x-ray or weight gain of greater than 3 percent within the week prior to the planned initiation of treatment. Therapy is contraindicated until the fluid overload has been appropriately managed (e.g., with diuresis or dialysis).

During the first two days of therapy, the majority of patients experience fever (73%) and chills (57%), and it is recommended that if, prior to therapy, the patient temperature exceeds 37.8°C (100°F), it should be lowered with an antipyretic before muromonab-CD3 therapy is begun. Other adverse reactions commonly encountered during the first two days of therapy include dyspnea (21%), chest pain (14%), vomiting (13%), wheezing (11%), nausea (11%), diarrhea (10%), and tremor (10%). Adverse reactions are less frequent and less severe after the first two days of therapy.

There have been some recent reports of aseptic meningitis associated with the use of muromonab-CD3. This reaction has not been shown to be infectious and appears to be self-limited. The incidence and risk of this reaction are currently being assessed.

Immunosuppressive therapy can result in increased susceptibility to infection. The most common infections observed in the first 45 days following the start of muromonab-CD3 therapy were due to cytomegalovirus and Herpes simplex. The incidence of infections associated with the use of the new agent is not significantly different than that with the use of high-dose steroids.

Lymphomas have been reported following immunosuppressive therapy and post-marketing surveillance studies are being conducted to assess the risk of lymphoproliferative disorders and malignancies with the use of muromonab-CD3.

Patients develop antibodies to muromonab-CD3 which may result in a loss of effectiveness and severe adverse reactions if a second course of therapy is given at a later time. For this reason, some feel that it should only be used once (i.e., one course of therapy) and caution must be exercised if retreatment is considered.

Muromonab-CD3 is administered as an intravenous bolus (in less than one minute) and the recommended dosage in the treatment of acute renal allograft rejection is 5 mg per day for ten to 14 days. Patients should be monitored closely for 48 hours after the first dose is administered. It is recommended that methylprednisolone sodium succinate be administered IV prior to, and IV hydrocortisone sodium succinate 30 minutes after, muromonab-CD3 administration to reduce the incidence of reactions to the first dose. Acetaminophen and antihistamines can also be given concomitantly with muromonab-CD3 to reduce early reactions.

Conventional concomitant immunosuppressive therapy should be lowered during muromonab-CD3 therapy to a daily dose of 0.5 mg/kg of prednisone and 25 mg of azathioprine (Imuran). The use of cyclosporine (Sandimmune) should be reduced or discontinued to decrease the risk of nephrotoxicity that could delay recovery of allograft function. Maintenance immunosuppression should be resumed approximately three days prior to cessation of muromonab-CD3 therapy.

Muromonab-CD3 is supplied in am-

pules containing 5 mg of the drug. The ampules should be stored in a refrigerator.

Antidote for digoxin toxicity

Digoxin immune Fab (Ovine) [Digibind-Burroughs Wellcome] is a digoxin-specific antibody fragment product that is indicated for the treatment of life-threatening digoxin or digitoxin intoxication. It is the first biological product to be approved as a specific antidote to a drug.

The antibody fragments are obtained by immunizing sheep with a digoxin-human albumin conjugate. This results in the formation of digoxin-specific antibodies which are split for the purpose of obtaining just the fragment of the antibody that is needed to bind with digoxin. When used clinically, the smaller size of the fragmented molecule permits more extensive distribution in the body and more rapid excretion of the digoxin to which it binds. The binding fragment has a high affinity for digoxin molecules, making them unavailable for binding at their site of action on cells in the body. Following intravenous administration of digoxin immune Fab, improvement in the signs and symptoms of digitalis intoxication begins within one-half hour or less. Although the product was designed specifically to treat digoxin intoxication, it is also effective in the management of overdosage with digitoxin.

Because the clinical experience is limited, and the consequences of repeated treatments are unknown, the use of digoxin immune Fab should be reserved for life-threatening overdosages in patients in shock or cardiac arrest, and/or with severe ventricular arrhythmias, progressive bradyarrhythmias, and potassium concentrations exceeding 5 mEq/L. If possible, serum digoxin or digitoxin concentrations should be obtained before administering digoxin immune Fab although the interpretation of these measurements may be difficult if drawn soon after the last dose of the agent causing the toxicity.

Adverse reactions with the use of digoxin immune Fab have been infrequent. In a few situations, low cardiac output states and congestive heart failure might have been exacerbated by withdrawal of the inotropic effects of digoxin. In addition, patients with atrial fibrillation may develop a rapid ventricular response from withdrawal of the effects of digitalis on the atrioventricular node. Hypokalemia may result from the rapid reversal of the hyperkalemia associated with digoxin intoxication, and potassium concentrations should be monitored closely.

Although no allergic reactions have been reported, the experience with digoxin immune Fab is still limited and the potential for serious hypersensitivity reactions should be recognized. Since digoxin immune Fab represents only the portion of the antibody that binds digoxin, the risk of an allergic response is less than that which would exist for the intact antibody molecule. Skin testing for allergy may be appropriate for high risk individuals such as those with a known allergy to sheep protein or those previously treated with digoxin immune Fab. However, in patients not at high risk for allergy, skin testing is not routinely done since it can delay the initiation of urgently needed therapy.

Digoxin immune Fab is administered intravenously over a period of 30 minutes. If cardiac arrest is imminent, it can be given as a bolus injection. The dosage varies according to the amount of digoxin to be neutralized and the product labeling should be consulted for the specific guidelines. The average dose used during the clinical studies was 400 mg (10 vials). If a patient experiences toxicity from an acute ingestion, and neither a serum digoxin concentration nor an estimated ingestion amount is available, it is recommended that 800 mg be administered. Reinstitution of digoxin therapy should not be initiated until the Fab fragments are eliminated from the body, which may require several days in patients with normal renal function.

The medication is supplied in vials containing 40 mg of digoxin-specific Fab fragments.

Table 7
Selected New Indications and Dosage Forms/Products

Generic name	Trade name	New indication	New dosage form/products
Chlorhexidine gluconate	Peridex	Gingivitis	Oral rinse
Cromolyn sodium	Intal		Aerosol
Estradiol	Estraderm		Transdermal system (patch)
Estrogens (oral)		Osteoporosis	
Etoposide	VePesid		Small cell lung carcinoma
Haloperidol decanoate	Haldol decanoate		Long-acting parenteral
Ketoconazole	Nizoral	Dermatophytic infections[a]	Cream
Metoprolol tartrate	Lopressor	Angina pectoris	
Nitroglycerin	Nitrogard		Transmucosal tablets
Nitroglycerin	Nitrolingual		Oral aerosol spray
Ranitidine	Zantac	Gastroesophageal reflux disease	
Verapamil	Calan SR Isoptin SR	Hypertension	Sustained-release tablets

[a]*Both the tablet and cream dosage forms of ketoconazole are now indicated for dermatophytic infections*

New indications and dosage forms/products

In addition to the new therapeutic agents that were introduced in 1986, a number of previously available agents now have expanded indications for use and/or are marketed in new dosage forms or products. The most significant of these are noted in Table 7. Although not a new molecular entity, the marketing of urofollitropin (Metrodin-Serono) is also of note. Like menotropins (Pergonal), urofollitropin contains follicle-stimulating hormone (FSH); however, unlike menotropins which also contains luteinizing hormone (LH), the new product contains negligible amounts of LH. Urofollitropin is considered to be a second-line treatment [after clomiphene (Clomid, Serophene)] for infertility. The new preparation and human chorionic gonadotropin given in a sequential manner are indicated for the induction of ovulation in patients with polycystic ovarian disease who have an elevated LH/FSH ratio and who have failed to respond to adequate clomiphene therapy. □

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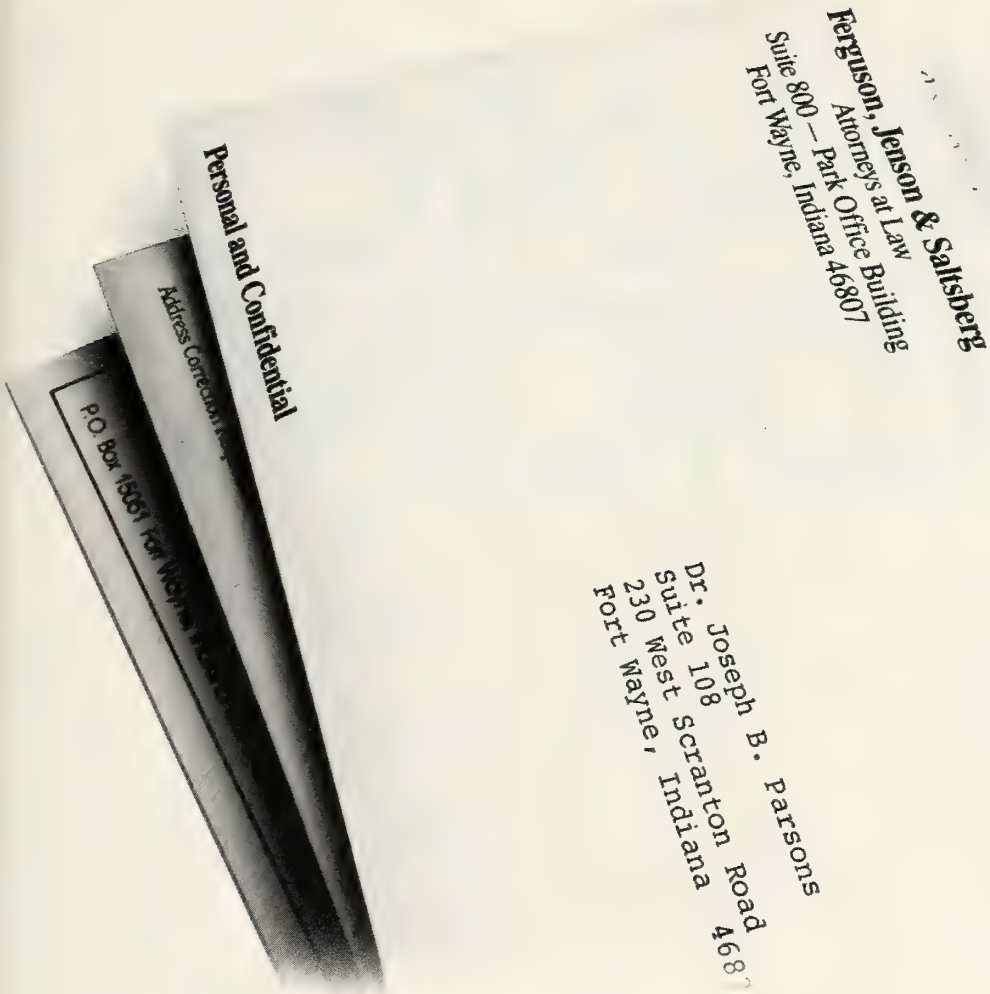

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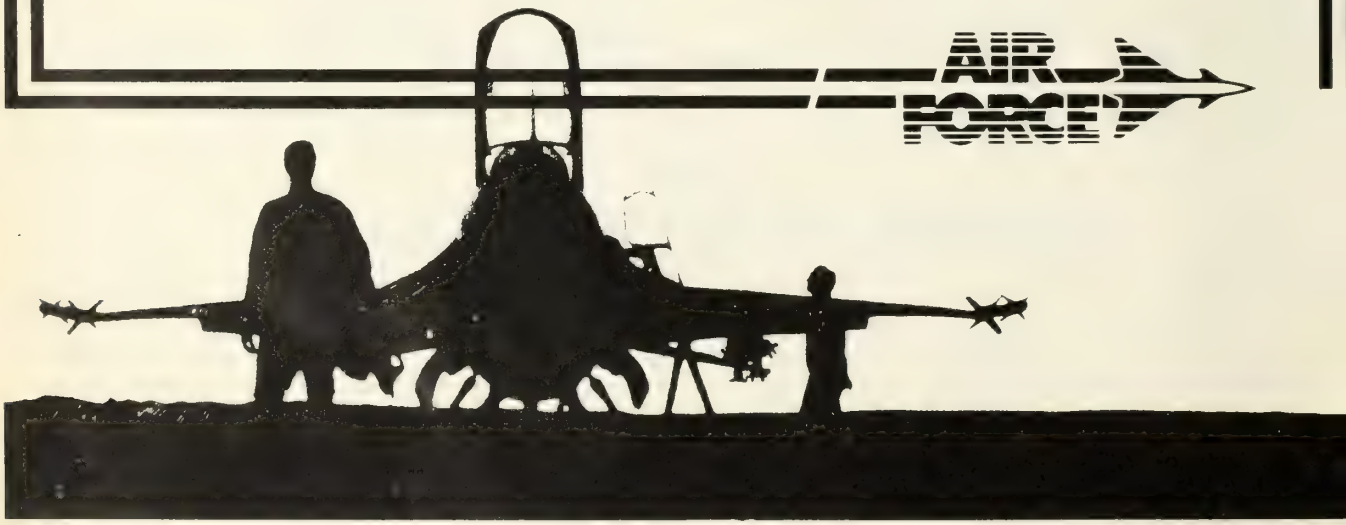

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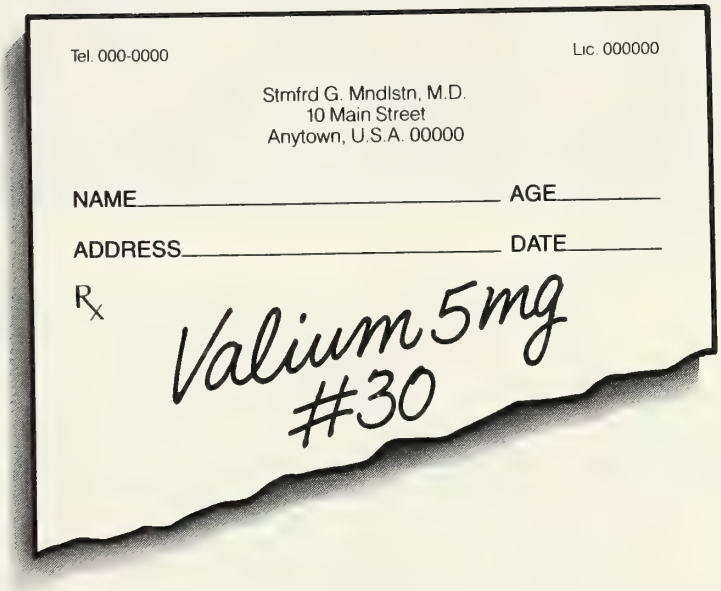

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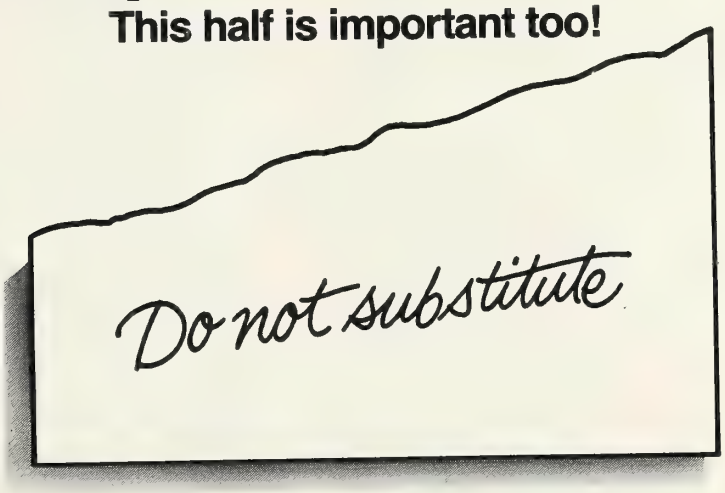

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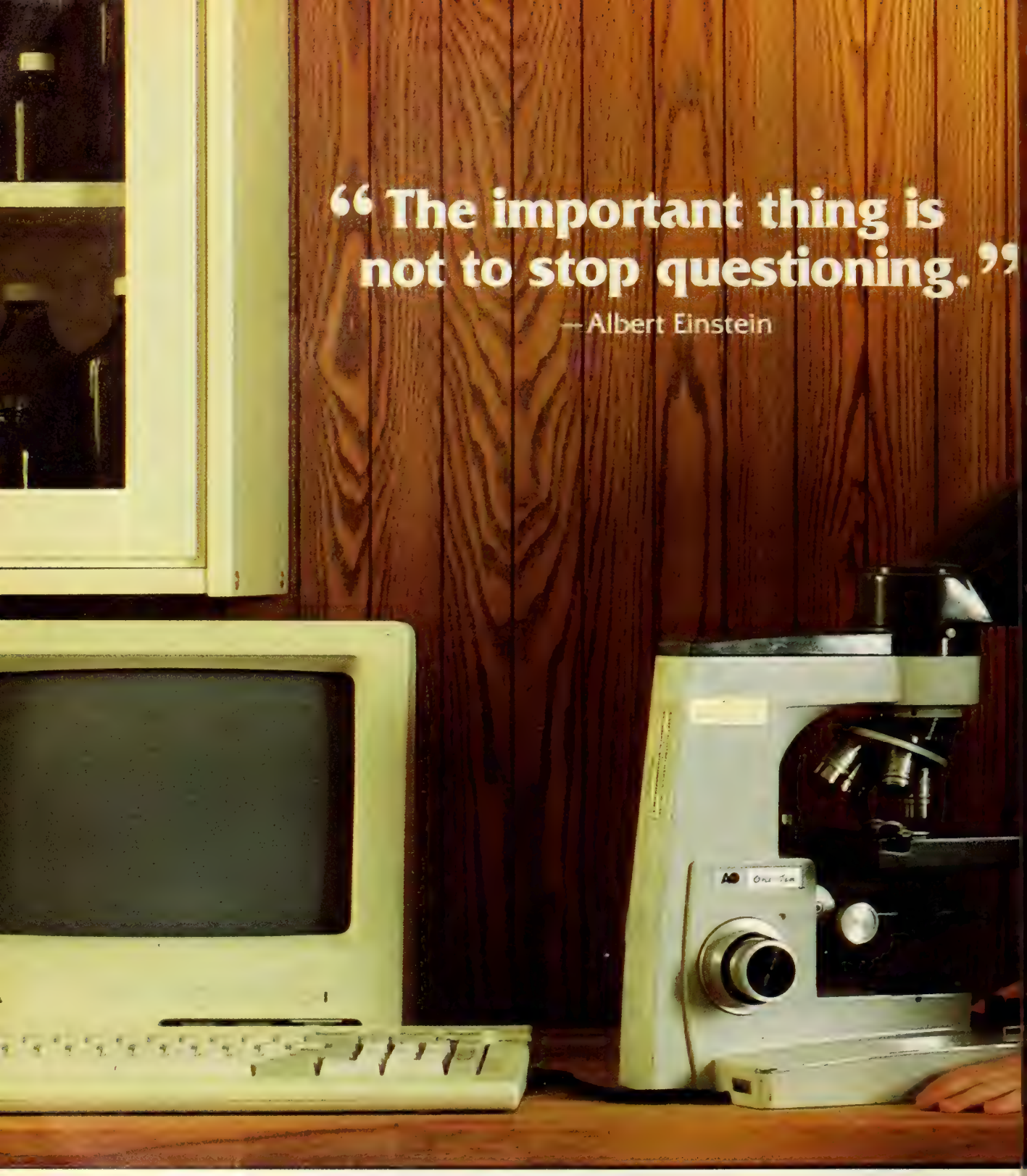

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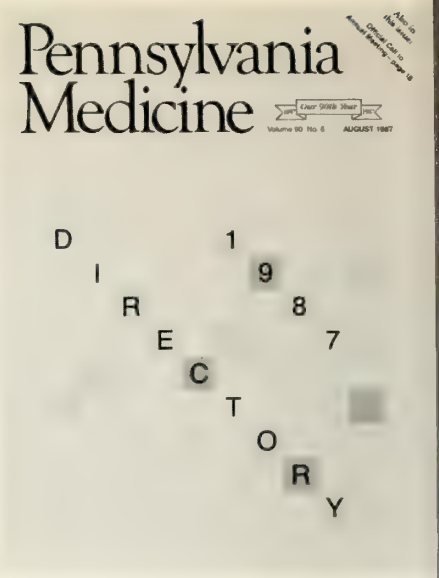

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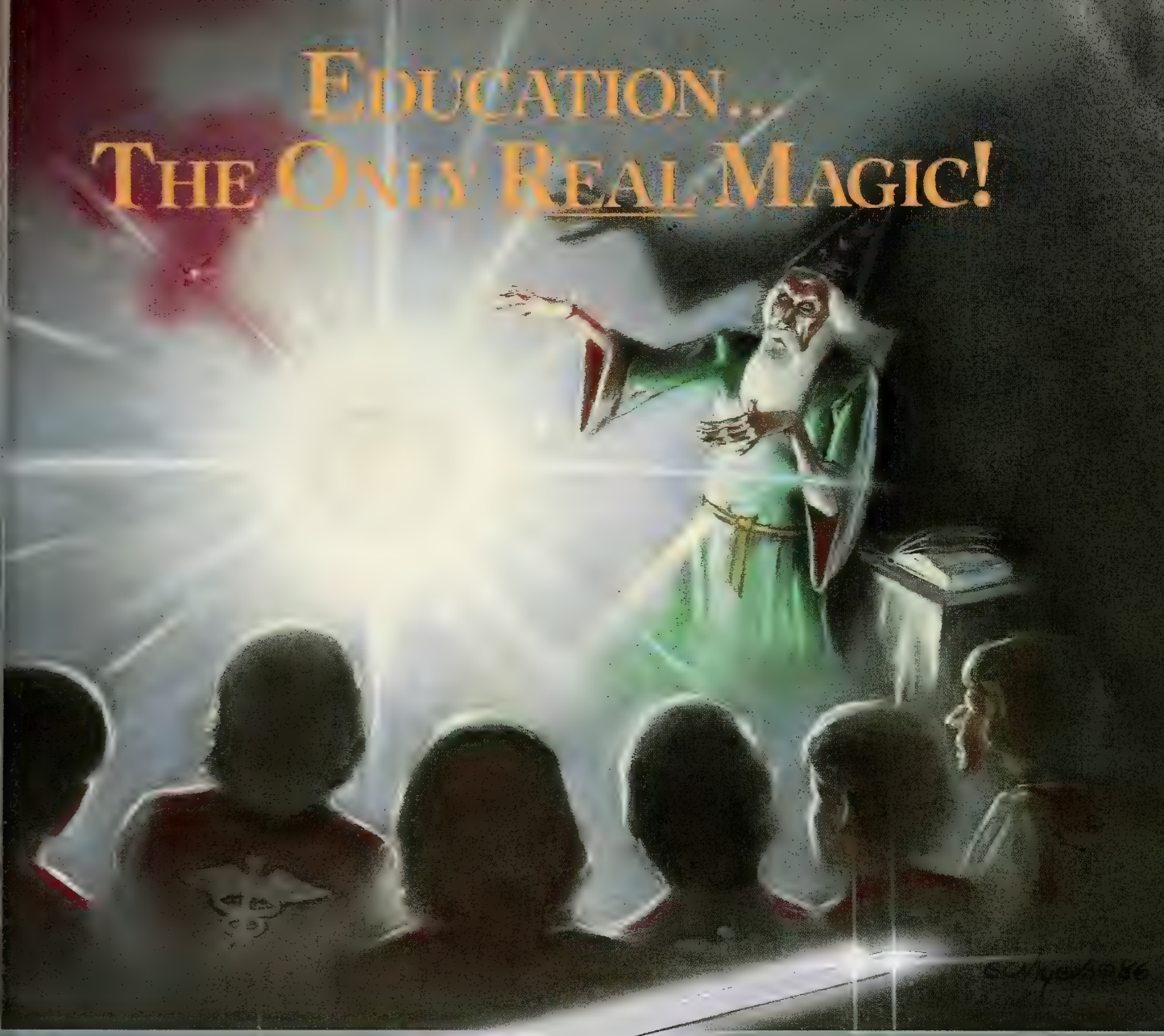

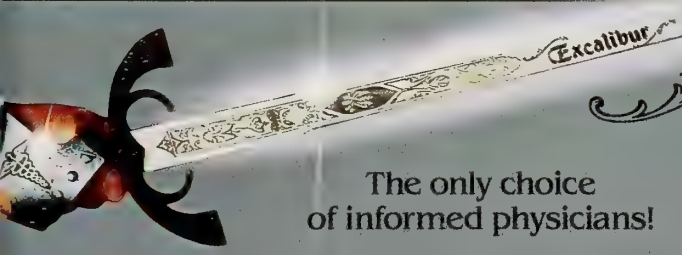

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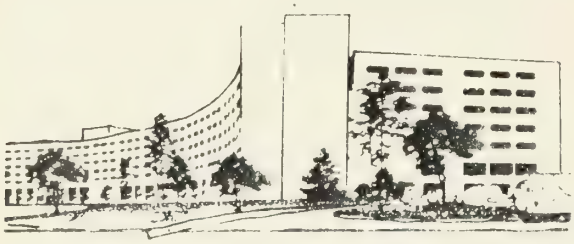

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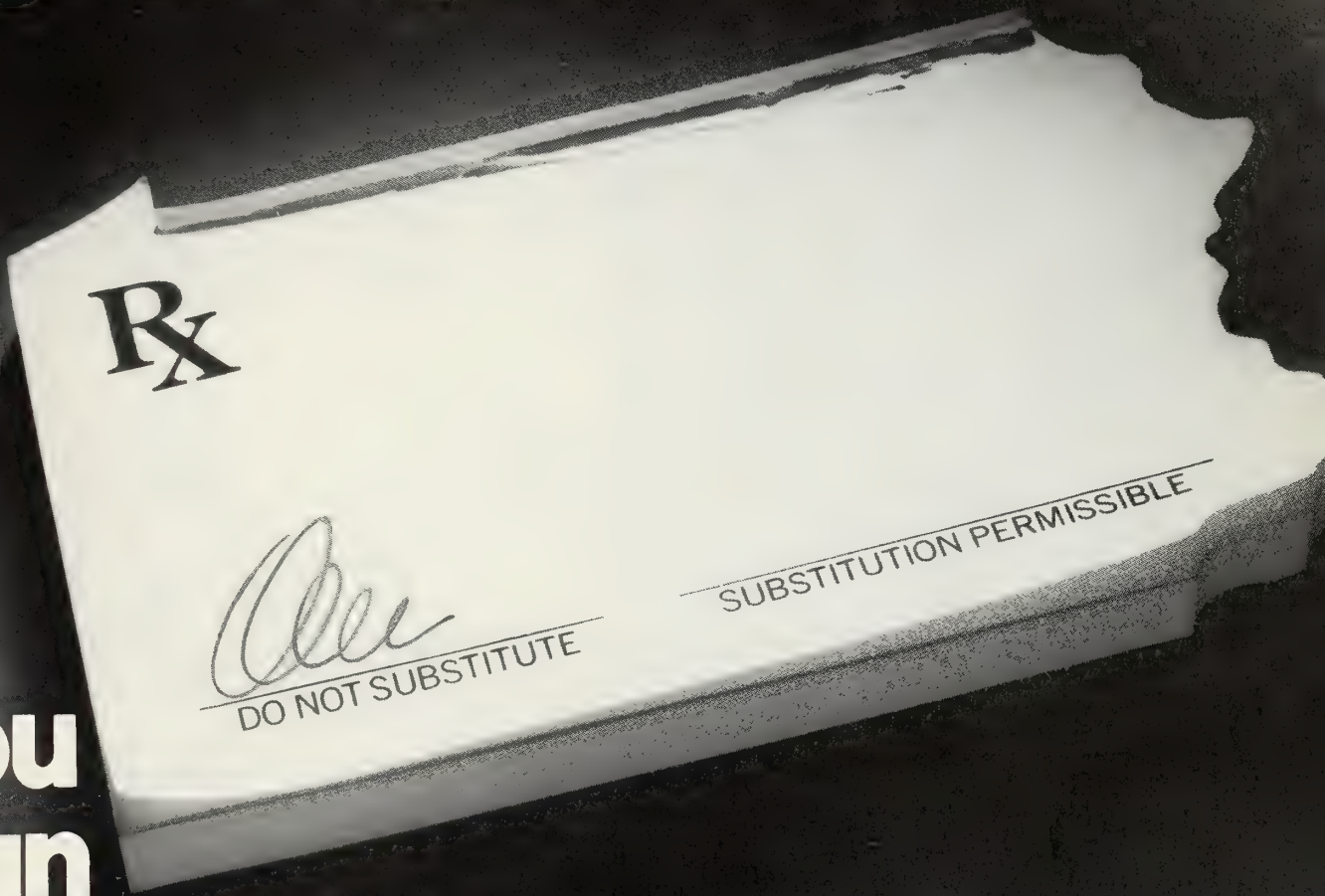

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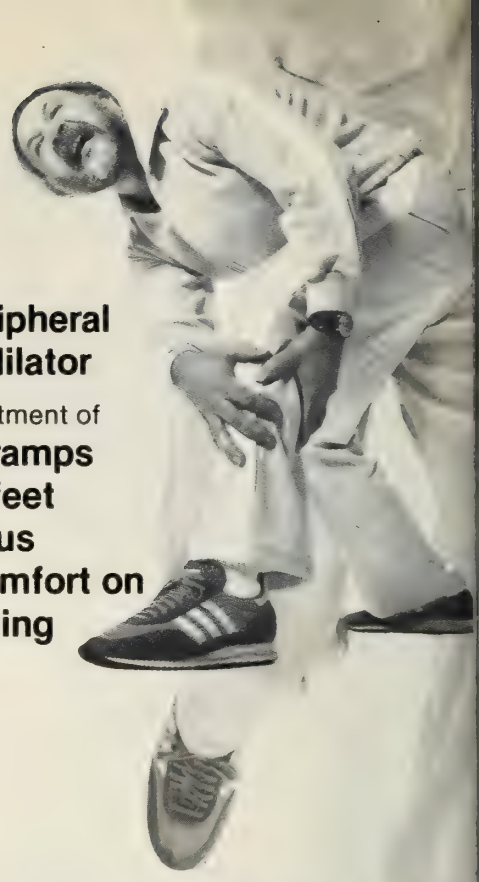

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Ascorbic Acid	150 mg.
Thiamine HCL (B-1)	25 mg.
Riboflavin (B-2)	2 mg.
Pyridoxine HCL (B-6)	10 mg.

DOSE: 1 to 3 tablets daily.
AVAILABLE: Bottles of 100, 500.

LIPO-NICIN®/100 mg.

Each blue tablet contains:

Nicotinic Acid	100 mg.
Niacinamide	75 mg.
Ascorbic Acid	150 mg.
Thiamine HCL (B-1)	25 mg.
Riboflavin (B-2)	2 mg.
Pyridoxine HCL (B-6)	10 mg.

DOSE: 1 to 5 tablets daily.
AVAILABLE: Bottles of 100, 500.

Indications: For use as a vasodilator in the symptoms of cold feet, leg cramps, dizziness, memory loss or tinnitus when associated with impaired peripheral circulation. Also provides concomitant administration of the listed vitamins. The warm tingling flush which may follow each dose of LIPO-NICIN® 100 mg. or 250 mg. is one of the therapeutic effects that often produce psychological benefits to the patient.

Side Effects: Transient flushing and feeling of warmth seldom require discontinuation of the drug. Transient headache, itching and tingling, skin rash, allergies and gastric disturbance may occur.

Contraindications: Patients with known idiosyncrasy to nicotinic acid or other components of the drug. Use with caution in pregnant patients and patients with glaucoma, severe diabetes, impaired liver function, peptic ulcers, and arterial bleeding.

Write for literature and samples

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Motrin® 800 mg TABLETS

ibuprofen

Extra strength
Convenience
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J-6138 January 1986

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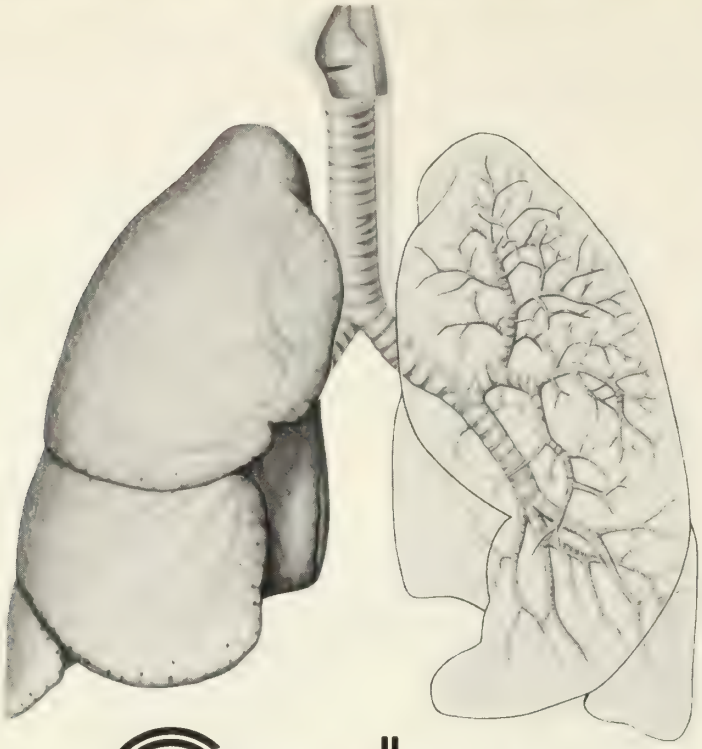

Ceclor®
cefaclor

250-mg Pulvules® t.i.d. offers effectiveness against the major causes of bacterial bronchitis

Haemophilus influenzae, Streptococcus pneumoniae
(ampicillin-susceptible and ampicillin-resistant)

Note: Ceclor is contraindicated in patients with known allergy to the cephalosporins and should be given cautiously to penicillin-allergic patients.

Penicillin is the usual drug of choice in the treatment and prevention of streptococcal infections, including the prophylaxis of rheumatic fever. See prescribing information.

Ceclor® (cefaclor)

Summary. Consult the package literature for prescribing information.

Indications: Lower respiratory infections, including pneumonia, caused by susceptible strains of *Streptococcus pneumoniae, Haemophilus influenzae,* and *Streptococcus pyogenes* (group A β-hemolytic streptococci).

Contraindication:
Known allergy to cephalosporins

Warnings:
CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
- Transient fluctuations in leukocyte count (especially in infants and children).
- Abnormal urinalysis; elevations in BUN or serum creatinine
- Positive direct Coombs' test.
- False-positive tests for urinary glucose with Benedict's or Fehling's solution and Clinitest® tablets but not with Tes-Tape® (glucose enzymatic test strip, Lilly).

[072886R]

PA 8794 AMP

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C I B A

(See Brief Summary of Prescribing Information on the next page.)

*Data on file, CIBA Pharmaceutical Co.

629-7750-A

Transderm-Nitro®
nitroglycerin
Transdermal Therapeutic System

BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention and treatment of angina pectoris due to coronary artery disease. The conditional approval reflects a determination that the drug may be marketed while further investigation of its effectiveness is undertaken. A final evaluation of the effectiveness of the product will be announced by the FDA.

CONTRAINDICATIONS
Intolerance of organic nitrate drugs, marked anemia, increased intraocular pressure or increased intracranial pressure.

WARNINGS
In patients with acute myocardial infarction or congestive heart failure, Transderm-Nitro system should be used under careful clinical and/or hemodynamic monitoring.
In terminating treatment of anginal patients, both the dosage and frequency of application must be gradually reduced over a period of 4 to 6 weeks to prevent sudden withdrawal reactions, which are characteristic of all vasodilators in the nitroglycerin class.
Transdermal nitroglycerin systems should be removed before attempting defibrillation or cardioversion because of the potential for altered electrical conductivity which may enhance the possibility of arcing, a phenomenon associated with the use of defibrillators.

PRECAUTIONS
Symptoms of hypotension, such as faintness, weakness or dizziness, particularly orthostatic hypotension may be due to overdosage. When these symptoms occur, the dosage should be reduced or use of the product discontinued.
Transderm-Nitro system is not intended for immediate relief of anginal attacks. For this purpose occasional use of the sublingual preparations may be necessary.

ADVERSE REACTIONS
Transient headaches are the most common side effect, especially when higher doses of the drug are used. These headaches should be treated with mild analgesics while Transderm-Nitro therapy is continued. When such headaches are unresponsive to treatment, the nitroglycerin dosage should be reduced or use of the product discontinued.
Adverse reactions reported less frequently include hypotension, increased heart rate, faintness, flushing, dizziness, nausea and vomiting. These symptoms are attributable to the known pharmacologic effects of nitroglycerin, but may be symptoms of overdosage. When they persist the dose should be reduced or use of the product discontinued. In some patients, dermatitis may occur.

DOSAGE AND ADMINISTRATION
Therapy should be initiated with application of one Transderm-Nitro 5 system to the desired area of skin. Many patients prefer the chest; if hair is likely to interfere with system adhesion or removal, it can be clipped prior to placement of the system. Each system is designed to remain in place for 24 hours, and each successive application should be to a different skin area. Transderm-Nitro system should not be applied to the distal parts of the extremities.
The usual dosage is one Transderm-Nitro 5 system every 24 hours. Some patients, however, may require the Transderm-Nitro 10 system. If a single Transderm-Nitro 5 system fails to provide adequate clinical response, the patient should be instructed to remove it and apply either two Transderm-Nitro 5 systems or one Transderm-Nitro 10 system. More systems may be added as indicated by continued careful monitoring of clinical response. The Transderm-Nitro 2.5 system is useful principally for decreasing the dosage gradually, though it may provide adequate therapy for some patients when used alone.
The optimal dosage should be selected based upon the clinical response, side effects, and the effects of therapy upon blood pressure. The greatest attainable decrease in resting blood pressure that is not associated with clinical symptoms of hypotension especially during orthostasis indicates the optimal dosage. To decrease adverse reactions, the size and/or number of systems should be tailored to the individual patient's needs.
Do not store above 86°F (30°C).

PATIENT INSTRUCTIONS FOR APPLICATIONS
A patient leaflet is supplied with the systems.

HOW SUPPLIED

Transderm-Nitro System Rated Release *in vivo*	Total Nitroglycerin in System	System Size	Carton Size
2.5 mg/24 hr	12.5 mg	5 cm²	30 Systems (NDC 0083-2025-26) *100 Systems (NDC 0083-2025-30)
5 mg/24 hr	25 mg	10 cm²	30 Systems (NDC 0083-2105-26) *100 Systems (NDC 0083-2105-30)
10 mg/24 hr	50 mg	20 cm²	30 Systems (NDC 0083-2110-26) *100 Systems (NDC 0083-2110-30)
15 mg/24 hr	75 mg	30 cm²	30 Systems (NDC 0083-2115-26) *100 Systems (NDC 0083-2115-30)

*Hospital Pack 100's

C85-35 (Rev. 11/85)

Dist. by:
CIBA Pharmaceutical Company
Division of CIBA-GEIGY Corporation
Summit, New Jersey 07901

All transdermal nitroglycerin products are being marketed pending final evaluation of effectiveness by the FDA.

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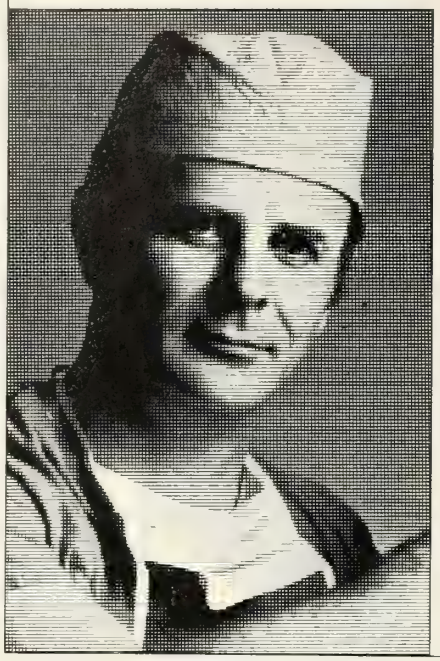
C I B A

HERE'S ONE DOCTOR WHO WON'T PAY HIS MALPRACTICE PREMIUMS THIS YEAR.



The Army covers his premiums. Since he's an Army Physician, there are a lot of worries associated with private practice that he won't have to contend with. Like excessive paperwork, and the overhead costs incurred in running a private practice.

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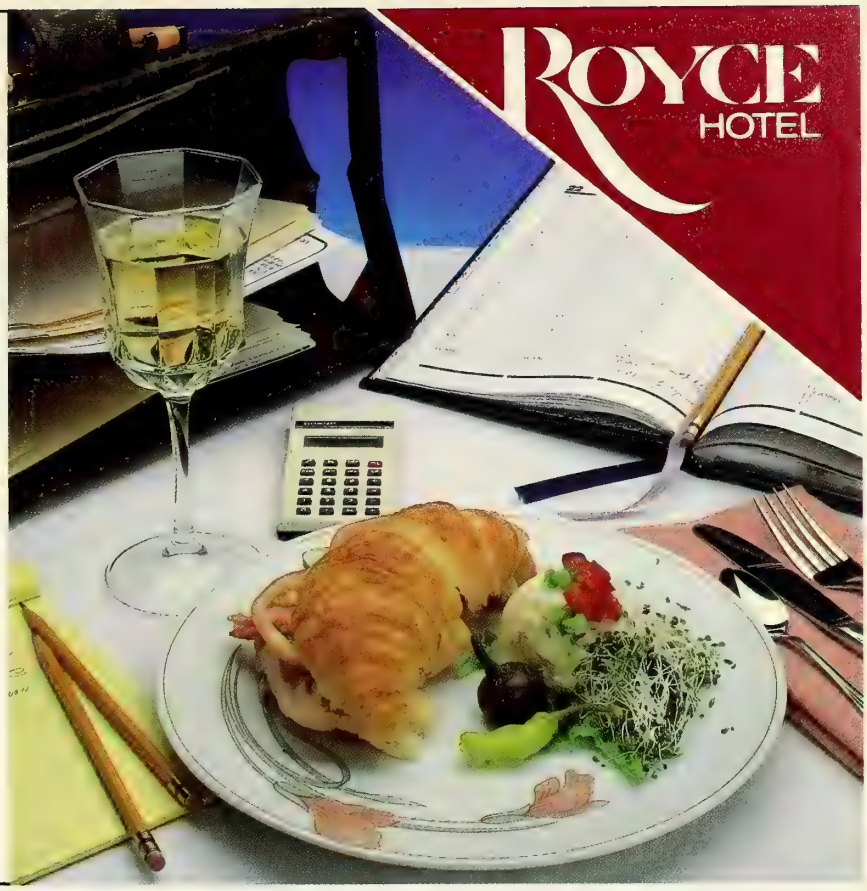

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A disabling injury or illness can put anyone temporarily out of order. Some for a short time. Some for a longer time. But with the help of Reading Rehabilitation Hospital, these temporary setbacks can be overcome, and the patient can often return to work, family, and an enjoyable lifestyle.

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For more information about Reading Rehabilitation Hospital and the services and programs we offer, call us at (215) 775-8309. Or ask your physician or employer.

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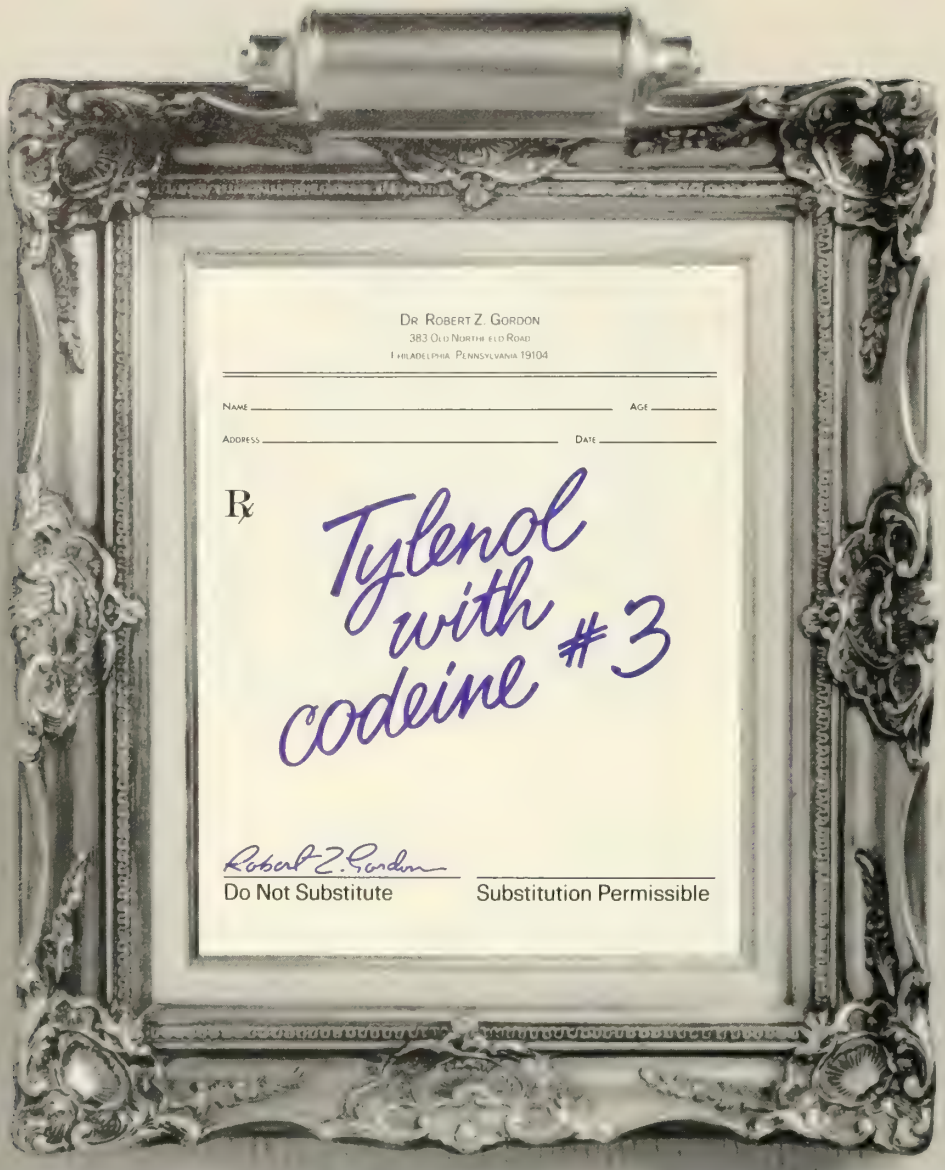

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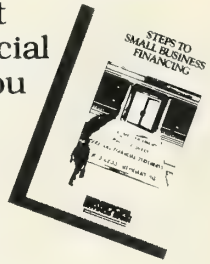

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Official Call to 1987 Meeting
PMS House of Delegates

The 1987 annual meeting of the House of Delegates of the Pennsylvania Medical Society will be called to order at the Hershey Lodge and Convention Center, Hershey, Pennsylvania, on Friday, October 23, 1987, at 10 a.m. The second session of the House of Delegates is scheduled for Saturday, October 24, 1987, at 1 p.m. The third and concluding session of the House of Delegates will be held Sunday, October 25, 1987, at 9:30 a.m.

Elections

In accordance with Chapter XIII, Section 1 of the Bylaws of the Pennsylvania Medical Society, the following nominations and/or elections will be in order at the second session, Saturday afternoon, October 24, 1987.

General officers to be elected are a vice president, a speaker of the House of Delegates, and a vice speaker of the House of Delegates.

In accordance with Chapter XV, Section 5 of the bylaws, elections will be in order for a trustee for the Second District to serve three (3) years to succeed Henry H. Fetterman, MD, Lehigh County, who is not eligible for reelection; a trustee for the Fourth District to serve three (3) years to succeed J. Mostyn Davis, MD, Montour County, who is not eligible for reelection; a trustee for the Fifth District to serve three (3) years to succeed J. Joseph Danyo, MD, York County, who is not eligible for reelection; a trustee for the Eleventh District to serve three (3) years to succeed Ernest L. Abernathy, MD, Washington County, who is eligible for reelection; and a resident physician trustee to serve two (2) years to succeed Jeannine R. Hahn, MD, who is eligible for reelection.

In accordance with Chapter XI, Section 1 of the Bylaws, elections for delegates and alternate delegates to the American Medical Association are in order. In accordance with Standing Rule Number 10 (adopted October 22, 1982), elections for delegates will be held on Saturday afternoon, October 24, 1987, and elections for alternate delegates will be held on Sunday morning, October 25, 1987. Delegates whose terms expire December 31, 1987 are:

1. Gerald L. Andriole, MD (Luzerne County)
2. Donald C. Brown, MD (Westmoreland County)
3. Robert J. Carroll, MD (Allegheny County)
4. Joseph N. Demko, MD (Lackawanna County)
5. Henry H. Fetterman, MD (Lehigh County)
6. George Ross Fisher, III, MD (Philadelphia County)
7. Matthew Marshall, Jr., MD (Allegheny County)
8. Timothy J. Michals, MD (Philadelphia County)
9. Robert N. Moyers, MD (Crawford County)

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for

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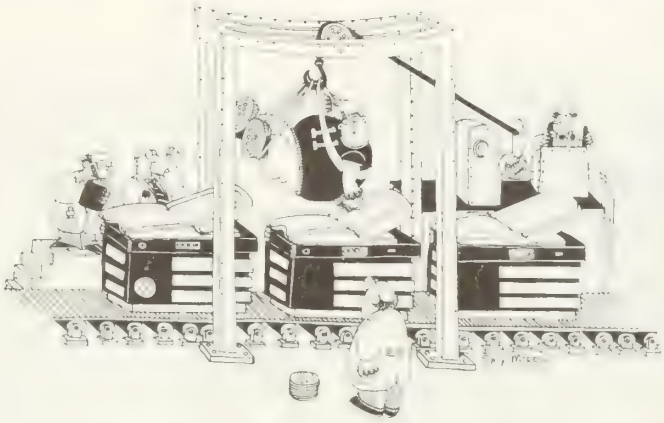

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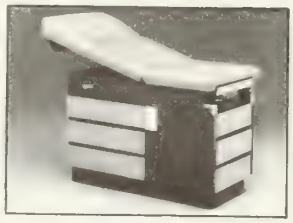

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nine (9) delegates for two (2) year terms commencing January 1, 1988:

1. Gerald L. Andriole, MD (Luzerne County)
2. Donald C. Brown, MD (Westmoreland County)
3. Robert J. Carroll, MD (Allegheny County)
4. Joseph N. Demko, MD (Lackawanna County)
5. Henry H. Fetterman, MD (Lehigh County)
6. George Ross Fisher, III, MD (Philadelphia County)
7. William H. Mahood, MD (Montgomery County)
8. Timothy J. Michals, MD (Philadelphia County)
9. Robert N. Moyers, MD (Crawford County)
10. Jonathan E. Rhoads, Jr., MD (York County)

Alternate delegates whose terms expire December 31, 1987 are:

1. Mary C. Barton, MD (Dauphin County)
2. Joseph B. Blood, Jr., MD (Bradford County)
3. Michael J. Prendergast, MD (York County)
4. Alan H. Schragger, MD (Lehigh County)
5. Barbara Shelton, MD (Philadelphia County)
6. Donald H. Smith, MD (Northampton County)
7. William J. West, MD (Cumberland County)
8. Vacancy
9. Vacancy

The Committee to Nominate Delegates and Alternates to the AMA makes the following nominations for nine (9) alternate delegates for two (2) year terms commencing January 1, 1988:

1. Mary C. Barton, MD (Dauphin County)
2. Joseph B. Blood, Jr., MD (Bradford County)
3. Ronald J. Clearfield, MD (Westmoreland County)
4. James B. Couch, MD (Philadelphia County)
5. James L. Cristol, MD (Philadelphia County)
6. Joseph A. Girone, MD (Bucks County)
7. Michael J. Prendergast, MD (York County)
8. Barbara A. Shelton, MD (Philadelphia County)
9. Donald H. Smith, MD (Northampton County)

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Also to be elected will be one member to serve on the Committee to Nominate Delegates and Alternates to the American Medical Association. The term of J. Preston Hoyle, MD, Union County, expires; he is eligible for reelection.

In accordance with Chapter XVIII, Section 2 of the bylaws, the Board of Trustees nominates the following members for two vacancies on the Judicial Council. For the office now held by George P. Rosemond, MD, Philadelphia County, who is eligible for reelection, the Board nominates Wallace G. McCune, MD, Philadelphia County; Brooke Roberts, MD, Philadelphia County; and George P. Rosemond, MD, Philadelphia County. For the office held by the late Orlo G. McCoy, MD, Bradford County, who would not have been eligible for reelection, the Board nominates Leo J. Corazzo, MD, Luzerne County; Leroy A. Gehris, MD, Berks County; and D. Ernest Witt, MD, Columbia County.

Proposed bylaws amendments

Set forth below is the text of the proposed bylaws amendments. Deletions from existing bylaws are indicated by brackets; additions are italicized.

Subject One

1. Length of Office of Student Trustee to PMS, developed to implement substitute Resolution 86-47, adopted by the 1986 House of Delegates.

Chapter XV—The Board of Trustees
Section 6. Terms.

Each trustee, except the resident physician and medical student trustees, shall be elected for a term of three years. The term of the resident physician trustee shall be the lesser of two years or so long as the resident physician trustee continues to serve in a residency program approved by the Society. Provided, however, if the resident trustee ceases to serve in a residency program [or the medical student trustee ceases to be enrolled in an approved medical or osteopathic medical school,] less than one hundred twenty days before an annual meeting of the House, then said [trustee's terms] *trustee's term* shall expire at the expiration of that annual meeting of the House. The term of the medical student trustee shall be [two years] *one year with eligibility for reelection* so long as the medical student trustee continues to be enrolled in an approved allopathic or osteopathic medical school. *Provided, however, in the event the medical student trustee discontinues to be enrolled in an approved allopathic or osteopathic medical school as a result of graduation from the school, the term of the trustee shall expire at the expiration of the next annual meeting of the House . . .*

Subject Two

2. Past Trustees Being Ex Officio Members of the House of Delegates, as recommended by the PMS Executive Committee and the Board of Trustees.

Chapter IX—House of Delegates
Section 3. Composition and Apportionment . . .

(b) Ex officio without the right to vote in the House of Delegates shall be: . . .
3. The president, the immediate past president, the president elect, the vice president, the secretary, the trustees, and the members of the Judicial Council, and other past presidents *and past trustees* of this Society . . .

Subject Three

3. Revision of Requirements for Calling Special Meetings of the House of Delegates, as recommended by the PMS Executive Committee and the Board of Trustees.

Chapter VIII—Special Meeting of the House of Delegates
Section 1—Designation.

There may be special meetings of the House of Delegates. A special meeting may be requested at any time by (a) [nine members of] the Board of Trustees; or (b) [40] *50* voting members of the House of Delegates; or (c) *a total of at least 200 active or associate members of [this Society] four county medical societies from at least two of the twelve different districts,* provided such special meeting has the approval of a component society or societies having an aggregate membership of at least 200 physicians . . .

Subject Four

4. Board Eligibility, developed in response to directive of the 1986 House of Delegates.

Chapter XV—The Board of Trustees
Section 3. Composition.

The Board of Trustees shall consist of the president, president elect, the vice president, the immediate past president, the speaker of the House of Dele-

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BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION SEE PACKAGE CIRCULAR)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride INDERAL LA is available as 60 mg 80 mg, 120 mg, and 160 mg capsules

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites When access to beta-receptor sites is blocked by INDERAL the chronotropic, inotropic and vasodilator responses to beta-adrenergic stimulation are decreased proportionately

INDERAL LA Capsules (60, 80 120, and 160 mg) release propranolol HCl at a controlled and predictable rate Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol, resulting from the slower rate of absorption of propranolol Over a twenty-four (24) hour period blood levels are fairly constant for about twelve (12) hours then decline exponentially

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose When changing to INDERAL LA from conventional propranolol, a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval In most clinical settings, however, such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate systolic pressure and rate pressure product INDERAL LA can provide effective beta blockade for a 24-hour period

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension it may be used alone or used in combination with other antihypertensive agents particularly a thiazide diuretic INDERAL LA is not indicated in the management of hypertensive emergencies

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina, palpitations and syncope INDERAL LA also improves exercise performance The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation Clinical improvement may be temporary

CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first-degree block 3) bronchial asthma 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL

WARNINGS. CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or INDERAL should be discontinued (gradually, if possible)

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema) PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol However, such patients may be subject to protracted severe hypotension Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers

DIABETES AND HYPOGLYCEMIA Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker In one case, this resulted after an initial dose of 5 mg propranolol

PRECAUTIONS. GENERAL Propranolol should be used with caution in patients with impaired hepatic or renal function INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that INDERAL may interfere with the glaucoma screening test Withdrawal may lead to a return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase alkaline phosphatase lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs such as reserpine should be closely observed if INDERAL is administered The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension

Caution should be exercised when patients receiving a beta blocker are administered a calcium-channel-blocking drug, especially intravenous verapamil, for both agents may depress myocardial contractility or atrioventricular conduction On rare occasions, the concomitant intravenous use of a beta blocker and verapamil has resulted in serious adverse reactions, especially in patients with severe cardiomyopathy, congestive heart failure or recent myocardial infarction

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol

Ethanol slows the rate of absorption of propranolol

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance

Chlorpromazine, when used concomitantly with propranolol, results in increased plasma levels of both drugs

Antipyrine and *lidocaine* have reduced clearance when used concomitantly with propranolol

Thyroxine may result in a lower than expected T_3 concentration when used concomitantly with propranolol

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination and increasing blood levels

Theophylline clearance is reduced when used concomitantly with propranolol

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential In 18-month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity There were no drug-related tumorigenic effects at any of the dosage levels Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug

PREGNANCY Pregnancy Category C INDERAL has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximum recommended human dose. There are no adequate and well-controlled studies in pregnant women INDERAL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS INDERAL is excreted in human milk Caution should be exercised when INDERAL (propranolol HCl) is administered to a nursing woman

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy

Cardiovascular Bradycardia; congestive heart failure; intensification of AV block; hypotension, paresthesia of hands, thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type

Central Nervous System Light-headedness, mental depression manifested by insomnia, lassitude, weakness, fatigue, reversible mental depression progressing to catatonia, visual disturbances, hallucinations, vivid dreams, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics For immediate formulations, fatigue, lethargy, and vivid dreams appear dose related

Gastrointestinal Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation, mesenteric arterial thrombosis, ischemic colitis

Allergic Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress

Respiratory Bronchospasm

Hematologic Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune: In extremely rare instances, systemic lupus erythematosus has been reported

Miscellaneous Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence, and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained INDERAL LA should not be considered a simple mg-for-mg substitute for INDERAL INDERAL LA has different kinetics and produces lower blood levels Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval

HYPERTENSION — *Dosage must be individualized.* The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved The usual maintenance dosage is 120 to 160 mg once daily In some instances a dosage of 640 mg may be required The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks

ANGINA PECTORIS — *Dosage must be individualized* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optimal response is obtained Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (see WARNINGS)

MIGRAINE — *Dosage must be individualized* The initial oral dose is 80 mg INDERAL LA once daily The usual effective dose range is 160-240 mg once daily. The dosage may be increased gradually to achieve optimal migraine prophylaxis. If a satisfactory response is not obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued It may be advisable to withdraw the drug gradually over a period of several weeks

HYPERTROPHIC SUBAORTIC STENOSIS — 80-160 mg INDERAL LA once daily

PEDIATRIC DOSAGE — At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use

*The appearance of these capsules is a registered trademark of Ayerst Laboratories

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REFERENCES:

1. INDERAL LA National Compliance Evaluation Program Data on file, Ayerst Laboratories
2. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily *Arch Intern Med* 1985; 145 1321-1323

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gates, the vice speaker of the House of Delegates, ex officio with the right to vote, one trustee who is an active [or associate] member in good standing of this Society from each district, one trustee to represent the AMA Board certified specialties organized in Pennsylvania who is an active [or associate] member in good standing of this Society and a member of a specialty organized in Pennsylvania which is an AMA Board certified specialty, one trustee to represent resident physicians who is an active member in good standing of this Society and who, at the time of election, is a resident physician member of this Society, one trustee, without the right to vote, who is an active member in good standing of this Society and who, at the time of election, is a medical student member of this Society, and one trustee to represent hospital medical staffs who is an active [or associate] member in good standing of this Society and who, at the time of election, is a member of an allopathic hospital medical staff in Pennsylvania. *Members of the Board of Trustees may not be fully retired prior to the conclusion of their terms.*

Subject Five

5. Formation of Young Physicians Section, developed to implement recommendation contained in Report W of the Board of Trustees, as approved by the 1986 House of Delegates.

Chapter XX—Special Sections.
Section 5. Young Physicians Section.
The purpose of the Young Physicians Section is to increase involvement of young physicians in organized medicine and provide a direct means for young physician members of the Pennsylvania Medical Society to participate in Society activities and policymaking. Membership in this section shall include all active physician members of the Pennsylvania Medical Society who are under 40 years of age or in the first five (5) years of professional endeavor after residency and fellowship training programs.
The section shall elect from among its members a governing council consisting of a chairman, chairman-elect, secretary, delegate and alternate delegate to the Society's House of Delegates, and two members-at-large. The immediate past chairman of the governing council will serve as an ex officio member. The regular functions of the section shall include, but not be limited to, the conducting of a business meeting in conjunction with the Society's House of Delegates annual meeting.
Each county medical society shall be entitled to one voting representative to the section for every 200 physicians in the county who are under age 40 or in the first five (5) years of professional endeavor after residency and fellowship training programs. Counties with fewer than 200 physicians who meet these requirements are entitled to one representative per county to the section.

Subject Six

6. Indemnification of Directors, as recommended by legal counsel and the Board of Trustees.

Chapter XV—The Board of Trustees
Section 16. Liability of Board Members and Officers.
A Board member or officer of the Society shall not be personally liable for money damages as such for any action taken or failure to take action as a director or officer unless his action constitutes self dealing, willful misconduct or recklessness, or unless liability is imposed pursuant to criminal statute or for payment of taxes. The Board of Trustees may provide for indemnification of Board members and officers to the extent allowed by law.

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Wednesday, October 28, 1987
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March of Dimes Nursing Program
Friday, November 6, 1987

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Orthopaedic Update
Wednesday, November 18, 1987

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2nd Annual Christmas Symposium in Pediatric Immunological & Respiratory Illnesses & Therapies (S.P.I.R.I.T.)
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Contemporary Hotel, Disneyland, Florida

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13th Annual Concepts in Clinical Practice
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March of Dimes Teenage Pregnancy, Drugs & Alcoholism Course
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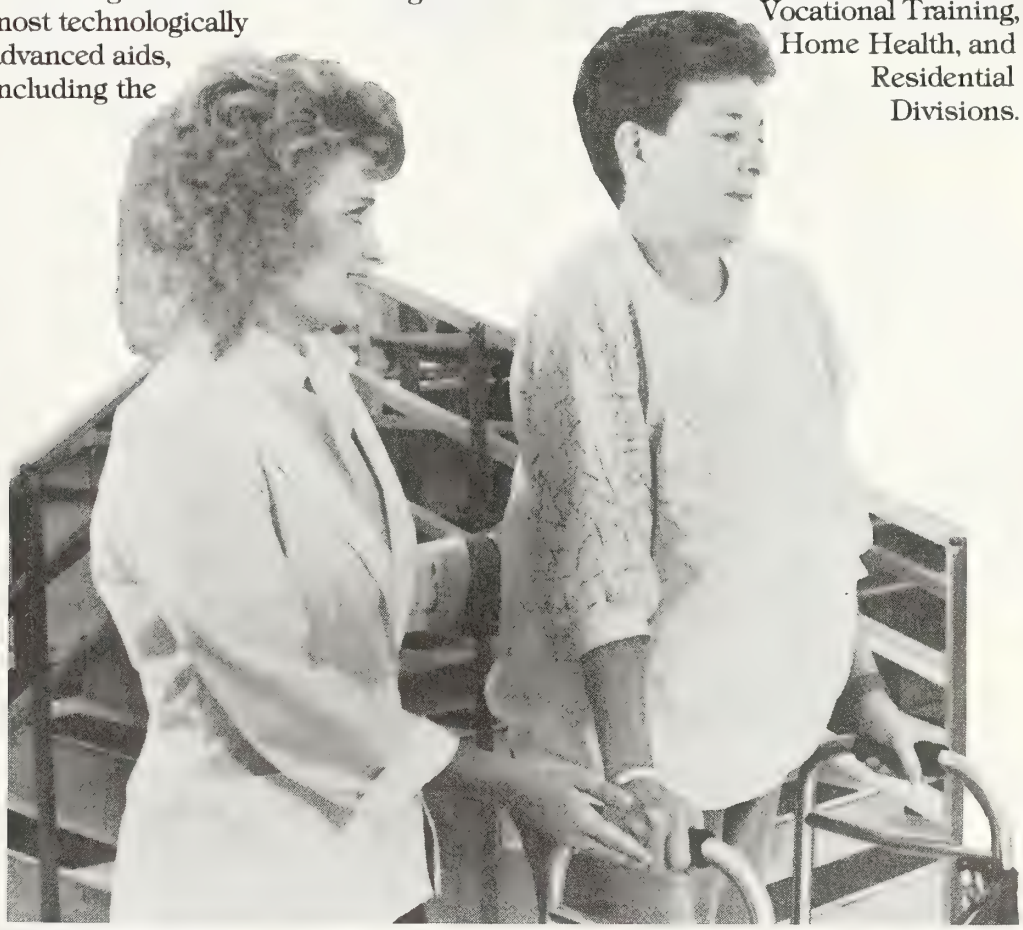

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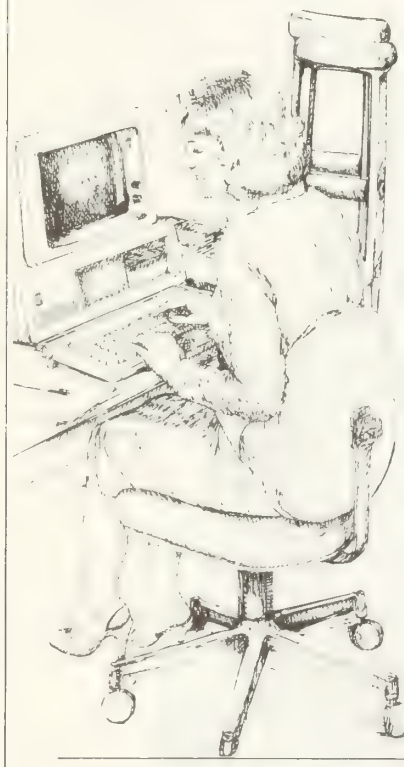

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Department of Medicine Conference Schedule

1987-88

September	9	9:00 AM	Clinical Rounds: "Reiter's Syndrome" Robert P. Jacobs, M.D., *Chairman, Department of Medicine*
	9	12:15 PM	Continuing Medical Education: "Lymphoma" Lawrence Sigman, M.D., *Division of Oncology/Hematology*
	16	9:00 AM	M&M/Business Meeting
	23	8:00 AM	Ambulatory Medicine Rounds: "Sexually Transmitted Diseases and Urinary Tract Infections" Israel Lichtenstein, M.D., *Chief, Division of Infectious Diseases* Joel Weissman, M.D., *Division of Urology* Larry Seidman, M.D., *Department of OB/GYN*
	23	9:00 AM	Tumor Conference: "Solitary Pulmonary Nodule" Theodore Oslick, M.D., *Chief, Division of Pulmonary Medicine*
	30	9:00 AM	Clinical Rounds: "Update on Parkinsonism" Paul Shipkin, M.D., *Chief, Division of Neurology*
October	7	9:00 AM	CPC
	7	12:15 PM	Continuing Medical Education: TBA
	14	9:00 AM	Clinical Rounds: "Management of Thyroid Nodule" Jay Springer, M.D., *Chief, Division of Metabolism/Endocrinology*
	21	9:00 AM	M&M/Business Meeting
	28	8:00 AM	Ambulatory Medicine Rounds: "Bronchitis/Rhinitis/Sinusitis" Philip Rosenberg, M.D., *Department of Pediatrics* Theodore Oslick, M.D., *Chief, Division of Pulmonary Medicine* Harvey D. Silberman, M.D., *Chief, Division of Otolaryngology*
	28	9:00 AM	Tumor Conference: "Orthopedic Neoplasms" William Markmann, M.D., *Chief, Division of Orthopedics*
November	4	9:00 AM	Clinical Rounds: "Proarrhythmic and New Anti-Arrhythmic Agents" Joseph Carver, M.D., *Chief, Division of Cardiology*
	4	12:15 PM	Continuing Medical Education: "Medical and Surgical Management of Cholelithiasis" Rudolf Staroscik, M.D., *Chairman, Department of Surgery* Richard E. Moses, M.D., *Division of Gastroenterology*
	11	9:00 AM	Clinical Rounds: "Current Therapy for Tuberculosis and Non-Tuberculous Mycobacteriosis" James Shinnick, M.D., *Division of Pulmonary Medicine*
	18	9:00 AM	M&M/Business Meeting
	25	8:00 AM	Ambulatory Medicine Rounds: "Fatigue" Ronald Banner, M.D., *Division of Internal Medicine*
	25	9:00 AM	Tumor Conference: "G-I Neoplasms" Stephen Matarazzo, M.D., *Chief, Division of Gastroenterology*
December	2	9:00 AM	CPC
	2	12:15 PM	Continuing Medical Education: "Diabetes and Hypertension" Charles Shuman, M.D., *Division of Metabolic Diseases, Temple University Hospital*
	9	9:00 AM	Clinical Rounds: "Preventing AIDS in Our Patients and Ourselves" Manuel Rosenberg, M.D., *Division of Infectious Diseases*
	16	9:00 AM	M&M/Business Meeting
	23	8:00 AM	Ambulatory Medicine Rounds: TBA
	23	9:00 AM	Tumor Conference: "Head and Neck Neoplasms" Harvey Silberman, M.D., *Chief, Division of Otolaryngology*
January	6	9:00 AM	Clinical Rounds: "Treatment of the Hypertensive Crisis and Accelerated Nephrosclerosis" Robert Sirota, M.D., *Division of Nephrology*
	6	12:15 PM	Continuing Medical Education: TBA
	13	9:00 AM	Clinical Rounds: "Aplastic Anemia" Alan Friedman, M.D., *Division of Oncology/Hematology*
	20	9:00 AM	M&M/Business Meeting
	27	8:00 AM	Ambulatory Medicine Rounds: "Headache" Paul Shipkin, M.D., *Chief, Division of Neurology*
	27	9:00 AM	Tumor Conference: TBA

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Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96.

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Drug Abuse and Dependence: VICODIN® is subject to the Federal Controlled Substances Act (Schedule III). Psychic dependence, physical dependence and tolerance may develop upon repeated administration of narcotics; therefore, VICODIN should be prescribed and administered with the same caution appropriate to the use of other oral-narcotic-containing medications.
Respiratory Depression: At high doses or in sensitive patients, hydrocodone may produce dose-related respiratory depression by acting directly on brain stem respiratory centers. Hydrocodone also affects centers that control respiratory rhythm, and may produce irregular and periodic breathing.
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Acute Abdominal Conditions: The administration of narcotics may obscure the diagnosis or clinical course of patients with acute abdominal conditions.
PRECAUTIONS:
Special Risk Patients: VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.
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Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
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Revised, April 1982 5685

1. Hopkinson JH III. *Curr Ther Res* 24: 503-516, 1978
2. Beaver, WT *Arch Intern Med*, 141: 293-300, 1981

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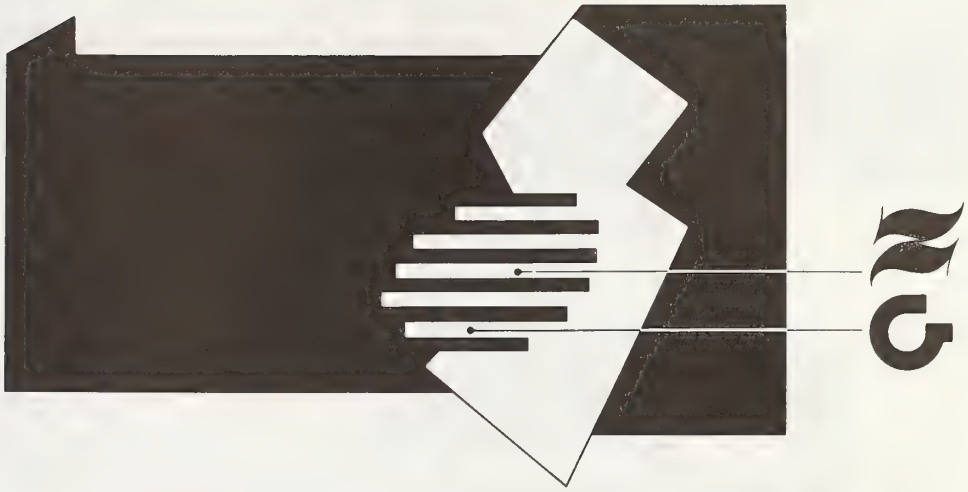

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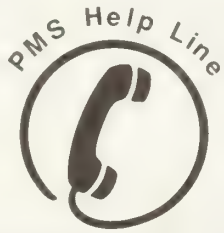

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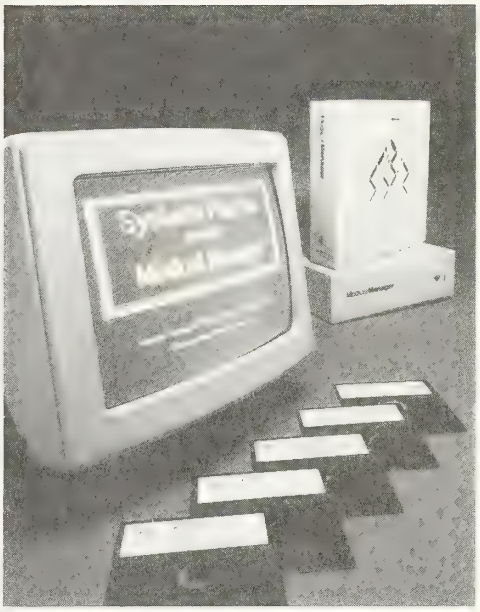

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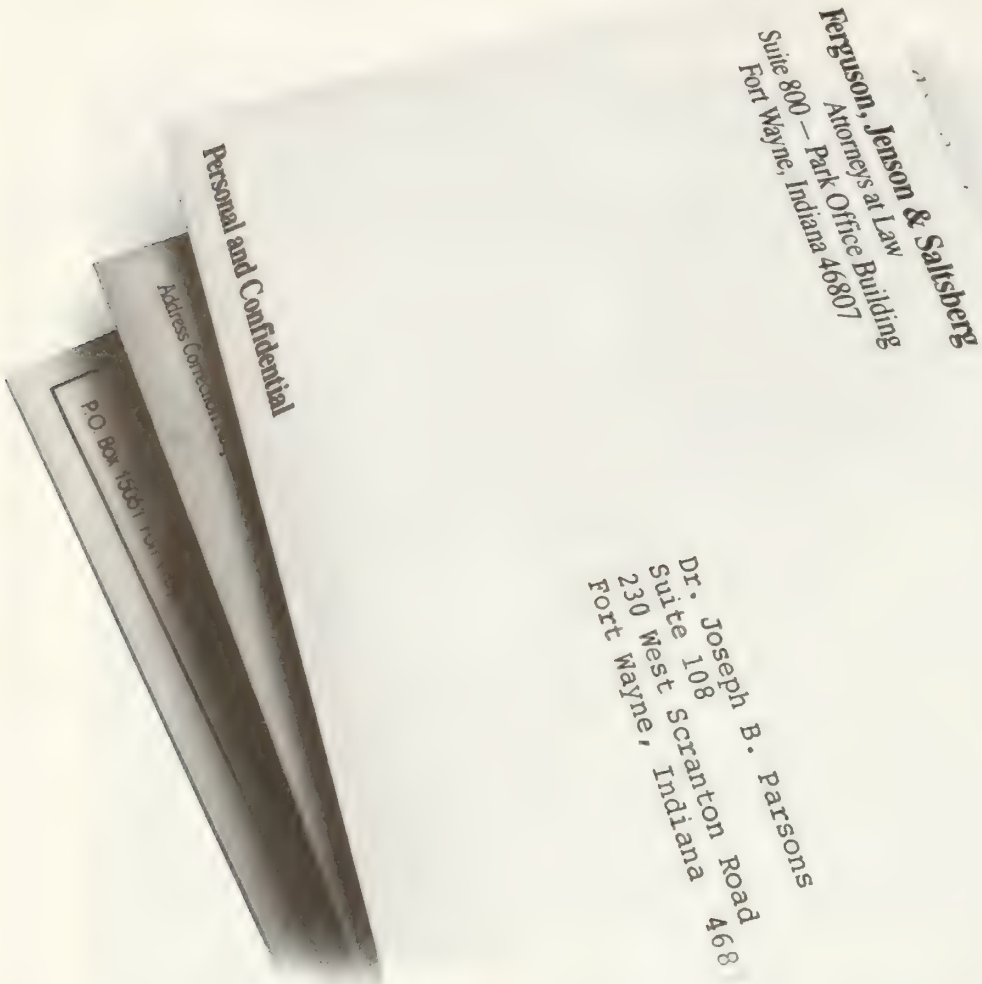

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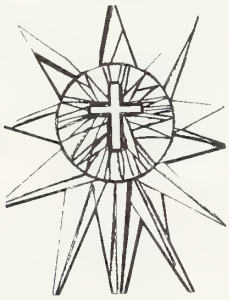

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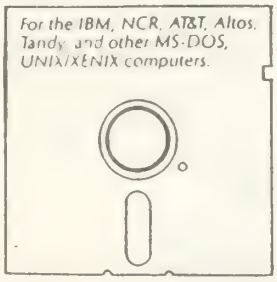

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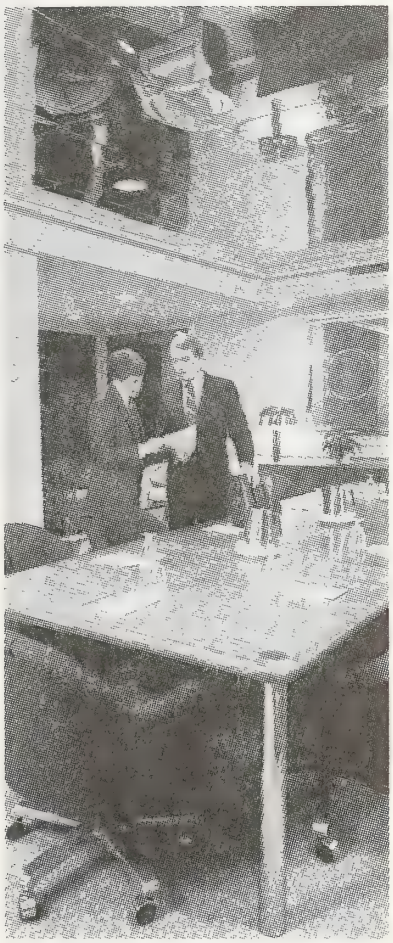

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Professional Use Information

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CONTRAINDICATIONS
CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic)

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem.
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt).
   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients.
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension.
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS
General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing.
Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)
Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.
Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats.
Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.
There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.
Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted.
Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded.
In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.
The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope
Nervous System	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic	Petechiae, pruritus, photosensitivity, urticaria
Other	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 7/86

See complete Professional Use Information before prescribing

References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347. **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116.

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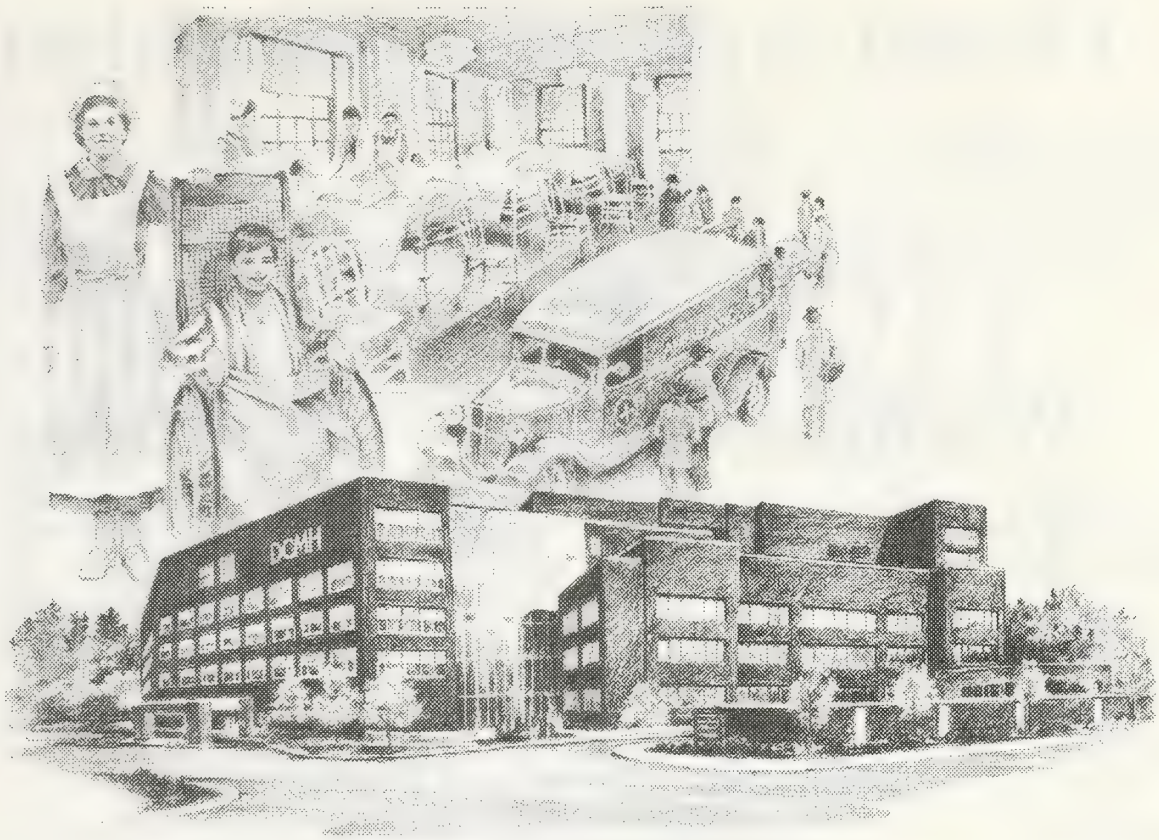

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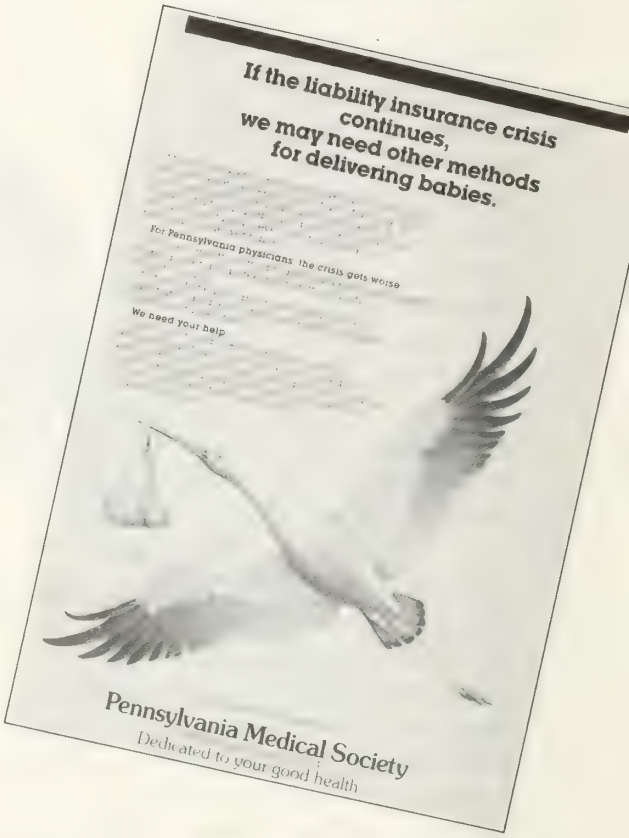

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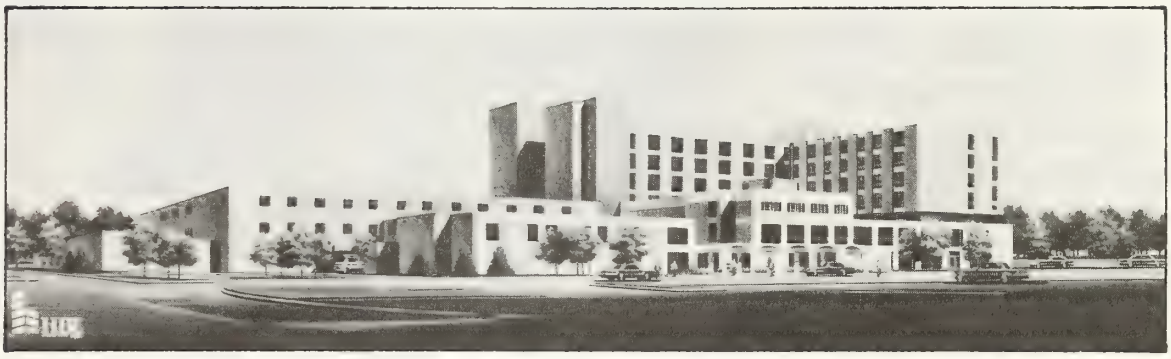

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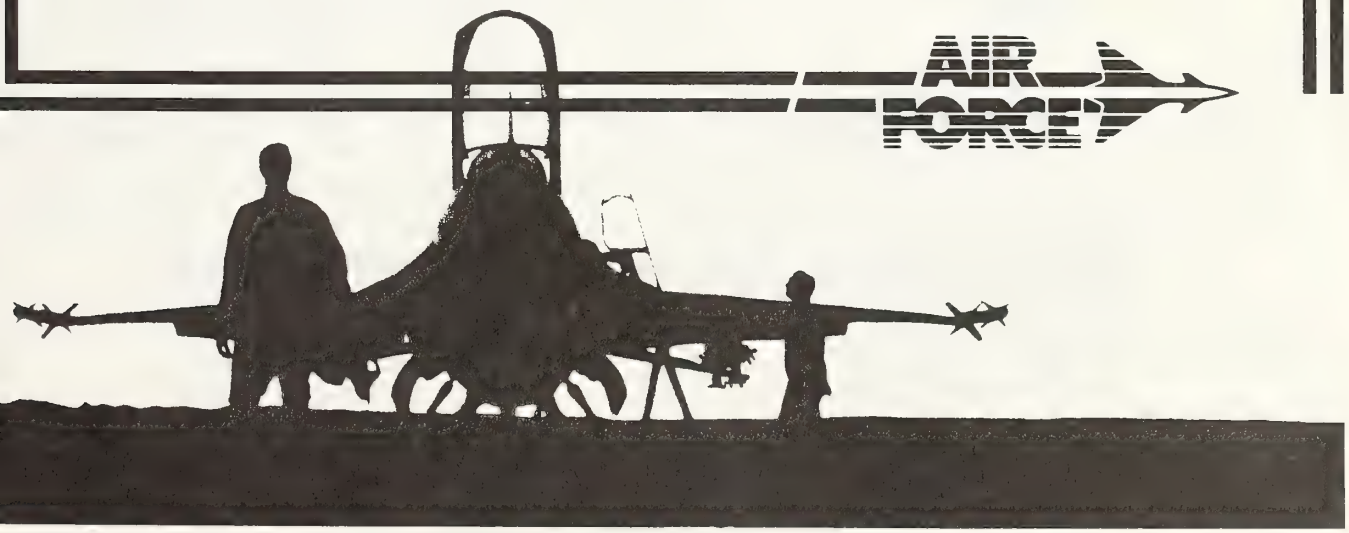

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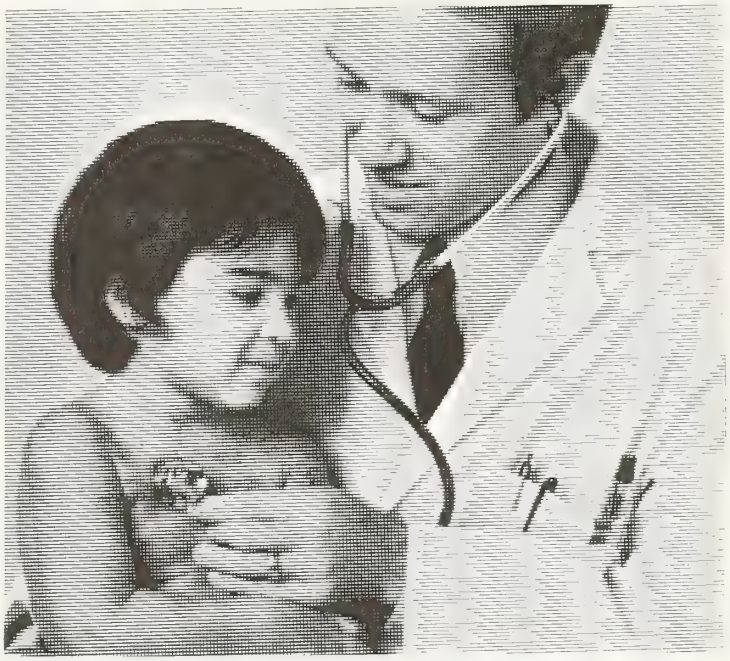

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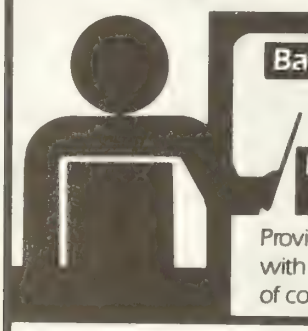

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Medical Specialty Information

The roster is coded with specialty information in the county society section. The abbreviation that appears to the right of the physician's name is the specialty code. *This specialty information was supplied from AMA records or by the physician personally and does not necessarily imply Board certification in the specialty.* These codes and the specialties which they represent, along with the approximate number in each specialty, are as follows:

ADL	Adolescent Medicine	3
AI	Allergy and Immunology	42
AM	Aerospace Medicine	2
A	Allergy	63
AN	Anesthesiology	706
BE	Broncho-Esophagology	2
CD	Cardiovascular Diseases	589
D	Dermatology	241
DMP	Dermatopathology	1
DIA	Diabetes	26
EM	Emergency Medicine	359
END	Endocrinology	74
FP	Family Practice	1,645
GE	Gastroenterology	234
GP	General Practice	1,247
GPM	General Preventive Medicine	13
GER	Geriatrics	34
GYN	Gynecology	64
HEM	Hematology	76
HYP	Hypnosis	1
IG	Immunology	2
ID	Infectious Diseases	46
IM	Internal Medicine	2,213
LAR	Laryngology	1
LM	Legal Medicine	5
ND	Neoplastic Diseases	11
NEP	Nephrology	103
N	Neurology	218
NPM	Neonatal-Perinatal Medicine	19
CHN	Neurology, Child	6
NA	Neuropathology	3
NM	Nuclear Medicine	57
NR	Nuclear Radiology	1
NTR	Nutrition	3
OBS	Obstetrics	4
OBG	Obstetrics/Gynecology	1,056
OM	Occupational Medicine	109
ON	Oncology	125
OPH	Ophthalmology	664
OT	Otology	4
OTO	Otolaryngology	309
PTH	Pathology	359
CLP	Pathology, Clinical	35
FOP	Pathology, Forensic	4
PD	Pediatrics	800
PDA	Pediatrics, Allergy	19
PDC	Pediatrics, Cardiology	10
PDE	Pediatric Endocrinology	1
PHO	Pediatric Hematology-Oncology	3
PNP	Pediatric Nephrology	2
PA	Pharmacology, Clinical	24
PM	Physical Medicine/Rehabilitation	213
P	Psychiatry	637
CHP	Psychiatry, Child	68
PYA	Psychoanalysis	27
PYM	Psychosomatic Medicine	3
PH	Public Health	21
PUD	Pulmonary Diseases	187
R	Radiology	473
DR	Radiology, Diagnostic	411
PDR	Radiology, Pediatric	10
TR	Radiology, Therapeutic	80
RHU	Rheumatology	101
ABS	Surgery, Abdominal	12
CDS	Surgery, Cardiovascular	98
CRS	Surgery, Colon and Rectal	54
GS	Surgery, General	1,133
HS	Surgery, Hand	13
HNS	Surgery, Head and Neck	4
NS	Surgery, Neurological	158
ORS	Surgery, Orthopaedic	626
PDS	Surgery, Pediatric	20
PS	Surgery, Plastic	148
TS	Surgery, Thoracic	136
TRS	Surgery, Traumatic	8
U	Surgery, Urological	369
VS	Surgery, Vascular	3
OS	Other, i.e., physician designated no specialty or a specialty other than those listed, including 739 students	1,032
Total membership		17,683

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Wyomissing PA 19610
BUSH, MD, William M GYN
544 Retreat Drive
Naples FL 33940
BUTTERWORTH, MD, Thomas D
411 Walnut Street
Reading PA 19601
BUZAS, MD, Jerome W D
2650 Westview Drive
Wyomissing Hills PA 19610
CALATA, MD, Eliseo R PM
Reading Rehabilitation Hosp
Reading PA 19607
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301 South Seventh Avenue
West Reading PA 19611
CAMMARANO III, DO, Dominic J OBG
250 North 12th Street
Reading PA 19604
CANNER, MD, Gary C ORS
1150 Berkshire Blvd
Wyomissing PA 19610
CAPPA, MD, Robert J FP
R D 2 Box 323-A
Oley PA 19547
CARABELLO, MD, Charles A PD
316 South Fifth Street
Reading PA 19602
CARIM, MD, Hyder M PD
1981 Bern Road
Wyomissing PA 19610
CARIM, MD, Moiz M OPH
56 Nassau Circle
Reading PA 19607
CARLSON, MD, Stephen E GE
606 Court Street
Reading PA 19601
CATLIN, MD, Robin J O FP
301 South Seventh Avenue
West Reading PA 19611
CEFARATTI, MD, Michael D OPH
606 Court Street
Reading PA 19601
CHELIUS, MD, Alan B FP
536 Franklin Street
Reading PA 19602
CHENSEE, MD, Jasper G PTH
St Joseph Hospital
Reading PA 19603

CHETT, MD, Nicholas J GP
203 Noble Street
Shoemakersville PA 19555
CHIRIELEISON, MD, Rocco F IM
301 South Seventh Avenue
West Reading PA 19611
CHOWDHURY, MD, A Rab GE
Eight North 11Th Street
Reading PA 19601
CHRIST, MD, Nicholas J GP
141 North Walnut Street
Birdsboro PA 19508
CHRIST, MD, Peter J PTH
St Joseph Hospital
Reading PA 19603
CHRISTENSEN, MD, David W FP
East First And Spruce Sts
Birdsboro PA 19508
CINELLI, MD, Cleto G OS
200 North 13th Street
Reading PA 19604
CIRIACO, DO, Michael A OS
4972 Kutztown Road
Temple PA 19560
CITRO, MD, Laurence A DR
145 North Sixth Street
Reading PA 19601
CLOSE, MD, Richard A NS
301 South Seventh Avenue
West Reading PA 19611
CLYMER JR, MD, Robert H U
301 South Seventh Avenue
West Reading PA 19611
COHEN, MD, Bruce A FP
337 West Main Street
Birdsboro PA 19508
COHN, MD, C Harold TS
301 South Seventh Avenue
West Reading PA 19611
COLMENARES, MD, Ruperto F CLP
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Reading PA 19607
COMESS, MD, Raymond R GS
1801 Eckert Avenue
Reading PA 19604
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R D 3 Box 154-A
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COPE, MD, David A OTO
301 South Seventh Avenue
West Reading PA 19611
CRAIG, MD, Paul C OPH
Pennswood Village D-113
Newtown PA 18940
CRAMP, MD, Lloyd L GS
15 East Congressional Circle
Reading PA 19607
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Reading PA 19607
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Ithaca NY 14850
DASHE, MD, Myer M GP
606 North Tenth Street
Reading PA 19604
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R D 1 Box 258
Quakertown PA 18951
DEBENEDICTIS, MD, Kenneth J A
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Reading PA 19611
DEIBERT, MD, David C IM
29 East 39th Street
Reading PA 19606
DELVECCHIO, MD, Leonard M FP
308 Old Airport Road
Douglassville PA 19518
DENBY, MD, Robert A GP
25 Stevens Ave
West Lawn PA 19609
DENGLER, MD, Ernest H OPH
713 North Fifth Street
Reading PA 19601
DERR, MD, Craig A IM
560 Van Reed Road
Wyomissing PA 19610
DERSH, MD, Jerome OPH
606 Court Street Suite 200
Reading PA 19601
DESANCTIS JR, MD, Joseph J IM
606 Museum Road
Reading PA 19611
DESJARDINS, MD, George P PTH
504-Carsonia Avenue
Reading PA 19606
DETHOFF, MD, John C ORS
200 North 13th Street
Reading PA 19604
DEVINE, MD, Raylene A PD
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Wernersville PA 19565
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Kutztown PA 19530
DIETRICH, DO, Marcia C GP
18 Church Lane
Douglassville PA 19518

DIRENZO, MD, Dennis P PD
105 Wyoming Road
Wyomissing PA 19610
DONLY, MD, Donovan L GP
232 North Fifth Street
Reading PA 19601
DONNELLY JR, MD, Joseph C CDS
200 North 13th Street
Reading PA 19604
DONOVAN, MD, Robert S FP
R D 8050
Sinking Spring PA 19608
DREAZEN, MD, Jonathan R FP
270 Friedensburg Road
Reading PA 19606
DUDA, MD, Andrew M TS
11 Phoebe Drive
Wyomissing PA 19610
DUFFY, MD, Scott S IM
301 South Seventh Avenue
West Reading PA 19611
EAGER, MD, J Michael OBG
1340 Penn Avenue
Wyomissing PA 19610
EASTLAND, MD, Theodore W GP
407 West Vine Street
Fleetwood PA 19522
EBERSOLE, MD, Thomas M OBG
601 Penn Street
Reading PA 19601
EDMUNDS, MD, Elizabeth H FP
514 Carsonia Avenue
Reading PA 19606
EMKEY, MD, Kenneth D GE
301 South Seventh Avenue
West Reading PA 19611
EMKEY, MD, Ronald D RHU
401 Buttonwood Street
West Reading PA 19611
ERICKSEN, MD, Arthur N GP
1836 Salem Road
Reading PA 19610
ERMOLD, MD, Donald R GP
425 East Lancaster Avenue
Shillington PA 19607
FALLON III, MD, Edward C DR
Reading Hospital
Reading PA 19603
FARBER, MD, David N OPH
606 Court Street
Reading PA 19601
FARBER, MD, Eric B OPH
R D 1 Eight Hessian Blvd
Reading PA 19607
FARBER, MD, Harold I IM
308 North Fifth Street
Reading PA 19601
FAUST, MD, Donald S TR
Reading Hospital & Med Center
Reading PA 19603
FEASTER, MD, Marshall M CDS
1235 Penn Avenue
Wyomissing PA 19610
FEHNEL, MD, Stephen H OBG
301 South Seventh Avenue
West Reading PA 19611
FEICK, MD, Ralph H GP
807 North Tenth Street
Reading PA 19604
FERRY, MD, Gerald W OBG
200 North 13th Street
Reading PA 19604
FISCHER, MD, Edward C R
The Reading Hospital
Reading PA 19603
FLEISCHER, MD, Alan N U
200 North 13th Street
Reading PA 19604
FLORES, MD, Evelyn R N
200 North 13th Street
Reading PA 19604
FOLDES-ROTH, MD, Elisabeth GYN
105 South Fifth Street
Reading PA 19602
FOLEY JR, MD, Francis L FP
832 Cherry Hill Lane
Pottstown PA 19464
FRANCO, MD, Frank A IM
102 North 11th Street
Reading PA 19601
FRANCOIS, MD, Max B GP
2021 Franklin Place
Wyomissing PA 19610
FRANGIPANE, MD, Leo G GS
301 South Seventh Avenue
West Reading PA 19611
FRANK, MD, Jeffrey B OBG
301 South Seventh Avenue
West Reading PA 19611
FRANTZ, MD, Robert C OM
532 South Park Road
Wyomissing PA 19610
FRIEDMAN, MD, Ellis F ORS
320 Abington Drive
Wyomissing PA 19610
FUSCO-RIPKA, MD, Giovanna D OS
1216 Meade Street
Reading PA 19611
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Reading PA 19604

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2950 Van Reed Road
Sinking Spring PA 19608
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Box 185
Hamburg PA 19526
GATTUSO, MD, Robert L FP
355 Lackawanna Street
Reading PA 19604
GEHMAN, MD, Milton J GP
38 East Lancaster Avenue
Shillington PA 19607
GEHRIS, MD, Leroy A FP
808 North Third Street
Reading PA 19601
GEORGE, MD, David L IM
401 Buttonwood Street
West Reading PA 19611
GERHART, MD, George R FP
3351 Perkiomen Avenue
Reading PA 19606
GIACCIA, MD, Amato GP
600 Schuylkill Avenue
Reading PA 19601
GIESECKE, MD, Susan B DR
1634 Meadowlark Road
Wyomissing PA 19610
GILFILLAN III, MD, A George PD
1981 Bern Road
Wyomissing PA 19610
GILMORE, MD, Irvin W GP
5313 Allentown Pike
Temple PA 19560
GINSBERG, MD, Gary U
318 North Fifth Street
Reading PA 19601
GLOSSER, MD, William E EM
1240 Dauphin Avenue
Wyomissing PA 19610
GOOD, MD, Robert L FP
200 North 13th Street
Reading PA 19604
GOODMAN, MD, Gerald A R
301 South Seventh Avenue
West Reading PA 19611
GOODSON, MD, Bruce M FP
2055A Alsare Road
Reading PA 19604
GORDON, MD, Michael E R
145 North Sixth Street
Reading PA 19601
GRABIAS, MD, Stanley L ORS
606 Museum Road
Reading PA 19611
GRAHAM, MD, Barry E OBG
1340 Penn Avenue
Wyomissing PA 19610
GRANADOS, MD, Nicanor G IM
1555 Schuylkill Avenue
Reading PA 19601
GRANADOS, MD, Suzita N PD
130 Prospect Street
Reading PA 19606
GRAUBARD, MD, Howard M FP
200 North 13th Street
Reading PA 19604
GREENBERG, MD, Robert N GS
200 North 13th Street
Reading PA 19604
GREENE, MD, Lucille T GP
412 North 12th Street
Reading PA 19604
GREGORY, MD, George W CDS
R D 1 Box 360-C
Reading PA 19607
GRETH, MD, Warren E RHU
401 Buttonwood Street
West Reading PA 19611
GRIM, MD, Mark D GP
Main Street
Oley PA 19547
GROSS, MD, Lawrence S PD
R D 3 Box 3481b
Reading PA 19606
GRUBB, MD, Willard Y FP
Route 100
Bally PA 19503
GRUBER, MD, John W CD
301 South Seventh Avenue
West Reading PA 19611
HANGEN, MD, Norman M GP
Four Allison Road
Reading PA 19601
HANJURA, MD, Girdhari L ON
120 Prospect Street
Reading PA 19606
HANNA, MD, Ezzat A FP
600 High Blvd
Kenhorst PA 19607
HARDISKY, MD, Joann M FP
31 South Chestnut Street
Boyertown PA 19512
HARRIS, MD, Lawrence K CD
Community General Hospital
Reading PA 19601
HASSAN, MD, Joseph R IM
4201 Kutztown Road
Temple PA 19560
HASSEL, MD, Jeffrey L IM
640 Walnut Street
Reading PA 19601

HAUSER, MD, Raymond J FP
The Lutheran Home
Topton PA 19562
HAWKE, MD, William AN
550 Pearl Street
Reading PA 19602
HEFFERNAN, MD, John M IM
560 Van Reed Road
Wyomissing PA 19610
HEINBACH, MD, Wilfred F IM
P O Box 88
Oley PA 19547
HEISEY, MD, John C IM
Route 422 & Old Airport Road
Douglassville PA 19518
HELLER, MD, Fredericka S M OBG
939 Penn Avenue
Wyomissing PA 19610
HENNINGER, MD, William H AN
189 Oakmont Drive
Reading PA 19607
HERMANOVICH JR, MD, John CD
301 South Seventh Avenue
West Reading PA 19611
HEY JR, MD, E Berry CD
301 South Seventh Avenue
West Reading PA 19611
HIEHLE, MD, John F R
301 South Seventh Avenue
West Reading PA 19611
HIGH, MD, Bertrand J IM
270 Elizabeth Avenue
Sinking Spring PA 19608
HIMMELSTEIN, MD, Fred R EM
825 Redwood Avenue
Wyomissing PA 19610
HINRICHS, MD, Thomas F PM
Reading Hospital & Med Center
Reading PA 19603
HIPPERT, DO, Robert K GP
805 North Richmond
Fleetwood PA 19522
HIRSH, MD, Paul D CD
200 North 13th Street
Reading PA 19604
HOFFMAN, MD, David A GYN
1330 Penn Avenue
Wyomissing PA 19610
HOFFMAN, MD, Neil A PTH
Reading Hospital
Reading PA 19603
HOLLIMAN, MD, Cecil J EM
18 Shady Hollow Lane
Shillington PA 19607
HOLM, MD, Eric K NS
606 Museum Road
Reading PA 19611
HORST, MD, Elmer L N
715 Lake Avenue
Wyomissing PA 19610
HOYT, MD, Ralph C GE
R D 1 Box 428b
Birdsboro PA 19508
HUNTER, MD, John S GP
117 Philadelphia Avenue
Shillington PA 19607
IMBER, MD, Irving IM
428 Walnut Street
Reading PA 19601
IMPINK, MD, Robert R GS
P O Box 176
Shillington PA 19607
INNIS, MD, Patricia A FP
900 North Fifth Street
Reading PA 19601
IZZO, MD, Domenic C OPH
560 Van Reed Road
Wyomissing PA 19610
JACKSON, MD, T Scott OBG
R D 7
Reading PA 19606
JACOBSON, MD, Martin A IM
4201 Kutztown Road
Temple PA 19560
JAXHEIMER, MD, Eric C CDS
1610 Lorraine Road
Reading PA 19604
JAY JR, MD, W Thomas IM
600 Museum Road
Reading PA 19611
JENCKES III, MD, George A IM
1325 Girard Avenue
Wyomissing PA 19610
JEWELL JR, MD, James H CDS
301 South Seventh Avenue
West Reading PA 19611
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R D 5 Box 364
Sinking Spring PA 19608
JOHNSON, MD, Alfred T FP
2240 Penn Avenue
West Lawn PA 19609
JOHNSON, MD, Craig H NS
301 South Seventh Avenue
West Reading, PA 19611
JOHNSON, MD, Herbert C NS
601 Spruce Street
West Reading PA 19611
JOHNSON, MD, William T AN
R D 1 Box 160
Reinholds PA 17569

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Reading PA 19601
KAPLAN, MD, Robin L PUD
36 North 11th Street
Reading PA 19601
KARABELNIK, MD, Don GP
325 East Lancaster Avenue
Shillington PA 19607
KASE, MD, James J IM
112 North 11th Street
Reading PA 19601
KASTENBAUM, MD, Michael IM
101 West Lancaster Avenue
Shillington PA 19607
KATZ, MD, Ross M AN
100 Daly Blvd
Oceanside NY 11572
KEARNEY, MD, John M GS
120 Prospect Street
Reading PA 19606
KEFFER, MD, William H OS
413 Oley Street
Reading PA 19601
KEISER, MD, E Lee GP
256 West Douglass Street
Reading PA 19601
KELLER, MD, John E OPH
1955 Lincoln Avenue
Wyomissing PA 19610
KELLER, MD, Lynwood V GP
106 South Fourth Street
Reading PA 19602
KERSHNER, MD, Marilyn S R
Reading Hospital & Med Center
Reading PA 19603
KESSLER, MD, Paul R GP
711 Penn Avenue
West Reading PA 19611
KILLIAN III, MD, Calab L FP
2508 Hampden Blvd
Reading PA 19604
KIM, MD, Chung S IM
140 West Windsor Street
Reading PA 19601
KIMMEL, MD, Craig A OTO
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Sinking Spring PA 19608
KING, MD, Weir L IM
P O Box 48
Limekiln PA 19535
KLEIN, MD, Raymond A OBG
3611 Perkiomen Avenue
Reading PA 19606
KLEIN JR, MD, William J NEP
301 South Seventh Avenue
West Reading PA 19611
KLEINER, MD, Anton J OBG
301 South Seventh Avenue
West Reading PA 19611
KLEPPINGER, MD, Richard K GYN
301 South Seventh Avenue
West Reading PA 19611
KLUFT, MD, Richard P P
301 South Seventh Avenue
West Reading PA 19611
KNAPPMAN, MD, John W FP
819 Elm Street
Riverview Park PA 19605
KNIAZER, MD, Barry OBG
613 Davis Road
Cheltenham PA 19012
KOCHU, MD, Steve END
Route 422 & Old Airport Road
Douglassville PA 19518
KOHL, MD, Stephen D OBG
601 Penn Street #1000
Reading PA 19601
KOLTON, MD, Vladimir J GP
1448 Spruce Street
Reading PA 19602
KOREY JR, MD, Joseph J OBG
250 North 12th Street
Reading PA 19604
KOVALSKY, MD, Kenneth FP
Nine Bristol Court
Wyomissing Hills PA 19610
KRALJEVIC, MD, Juan E IM
403 North 13th Street
Reading PA 19604
KRAMER, MD, Randall K FP
226 East Wyomissing Avenue
Mohnton PA 19540
KRIEBEL, MD, Dorothy E GP
319 North Fifth Street
Reading PA 19601
KRING, MD, Carroll S GP
Seven Allison Road
Reading PA 19601
KROL, MD, Ronald C PUD
36 North 11th Street
Reading PA 19601
KUSSMAUL, MD, William G CD
200 North 13th Street
Reading PA 19604
KUTSCHER, MD, Harlan A U
200 North 13th Street
Reading PA 19604
LAKSHMIN, MD, Murali AN
29 Pinehurst Court
Reading PA 19607

LAMANNA, MD, John V PS
301 South Seventh Avenue
West Reading PA 19611
LAMBERT, MD, Kenneth P GP
233 West Main Street
Kutztown PA 19530
LANE, MD, C Darrell PTH
Reading Hosp & Medical Ctr
Reading PA 19603
LATMAN, MD, Stephen F ORS
2130 Penn Avenue
West Lawn PA 19609
LATTIN, MD, Gary M CD
200 North 13th Street
Reading PA 19604
LEE, MD, Jung S FP
24 North 11th Street
Reading PA 19601
LEE, MD, Jung-Pil U
318 North Fifth Street
Reading PA 19601
LEINBACH JR, MD, Harvey D PD
1230 Parkside Drive
Reading PA 19611
LEISAWITZ, MD, Elliott G IM
101 West Lancaster Avenue
Shillington PA 19607
LEISAWITZ, MD, Paul A GP
1817 Linden Street
Reading PA 19604
LEONI, MD, Joseph U
931 Penn Avenue
Wyomissing PA 19610
LEVAN, MD, John B IM
1415 Old Wyomissing Road
Wyomissing PA 19610
LEVINE, MD, Alan P IM
1400 Ridge Avenue A-208
Reading PA 19607
LEVY, MD, Paul F IM
Eight North 11Th Street
Reading PA 19601
LIGNELLI, MD, Gregory J NS
Tri County Neurosurgery Assoc
Pottstown PA 19464
LLOYD, MD, Edgar C AN
Reading Hospital-Anes Dept
West Reading PA 19603
LODER, DO, Donald I FP
143 East Wall Street
Leesport PA 19533
LOEPER, MD, Donald J FP
Route 100
Bally PA 19503
LOHMANN, MD, Albert E GS
1310 Farr Road
Reading PA 19611
LONGENECKER, MD, FP
Benjamin E
4301 Kutztown Road
Temple PA 19560
LONGENECKER, MD, Roger N FP
East Penn Medical Center
Blandon PA 19510
LORD, MD, William H FP
918 Elizabeth Avenue
Reading PA 19605
LOUGHEAD JR, MD, John R GYN
223 East Lancaster Avenue
Shillington PA 19607
LUSCH, MD, Charles J HEM
301 South Seventh Avenue
West Reading PA 19611
LYNCH, MD, James D CD
515 Weidmen Avenue
Sinking Spring PA 19608
LYONS, MD, Clifford H FP
C/O Hamburg Family Practice
Hamburg PA 19526
LYONS, MD, Daniel C FP
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Hamburg PA 19526
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206 South Sixth Avenue
West Reading PA 19611
MAIORANA, MD, S Leroy OBG
1153 Penn Avenue
Wyomissing PA 19610
MALICK, MD, Gerald P OBG
301 South Seventh Avenue
West Reading PA 19611
MANUBAY, MD, Marcelo A EM
1510 Eckert Avenue
Reading PA 19602
MARCUS, MD, Jerome I CLP
Omega Health Care
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MARIGLIO JR, MD, Joseph A IM
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R D 1 Box 70
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MASSENGALE, MD, OBG
Alexander T
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West Reading PA 19611

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MAZUZ, MD, Meir CD
R D 4 Box 110d
Reading PA 19606
MAZZA JR, MD, Patrick A FP
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Reading PA 19604
MCCLOSKEY, MD, PTH
Sister Ann M
Mercy Catholic Medical Center
Darby PA 19023
MCCRAE, MD, Charles R ORS
1235 Penn Avenue
Wyomissing PA 19610
MCCRAE, MD, Marcia G PD
1235 Penn Avenue
Wyomissing PA 19610
MCKINNEY, MD, William L IM
317 North Sixth Street
Reading PA 19601
MCLEAN, MD, James J IM
Saint Joseph Hospital
Reading PA 19603
MCTAMMANY, MD, J Robert OBG
102 Tasker Avenue
Shillington PA 19607
MEDINA, MD, Lisa H
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Macungie PA 18062
MEHARG JR, MD, John G IM
39 East Lancaster Avenue
Shillington PA 19607
MELLON, MD, Robert CHP
701 East Neversink Road
Reading PA 19606
MENDELSOHN, MD, Eugene OBG
911 North 26th Street
Reading PA 19606
MENGEL, MD, Roger G PUD
301 South Seventh Avenue
West Reading PA 19611
MENGES JR, MD, Job F ORS
1424 Penn Avenue
Reading PA 19610
MENICHINO, MD, Anthony J GS
234 North Fifth Street
Reading PA 19601
MERCURIO, MD, Teresa ON
301 South Seventh Avenue
West Reading PA 19611
MEYERS, MD, John L EM
320 East Fourth Street
Shillington PA 19607
MILES, MD, Michael A EM
R D 1 Box 154
Birdsboro PA 19508
MILLER, MD, Jay B U
301 South Seventh Avenue
West Reading PA 19611
MINEHART, MD, Charles R CD
200 North 13th Street
Reading PA 19604
MINTZ, MD, Paul S AN
Reading Hosp & Medical Center
Reading PA 19603
MITNICK, MD, Paul D NEP
301 South Seventh Avenue
West Reading PA 19611
MOFFITT, MD, Vincent J PD
1258 Penn Avenue
Wyomissing PA 19610
MOLL, MD, Thomas B OPH
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Two Chip Lane
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210 North Sixth Street
Reading PA 19601
MORRISSEY JR, MD, E James ORS
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301 South Seventh Avenue
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West Reading PA 19611
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1660 Penn Avenue
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MUHLENBERG, MD, John P PD
1981 Bern Road
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MULLIGAN, MD, Robert L NM
600 Brobst Street
Shillington PA 19607
MURPHY, DO, Pamela D FP
623 North Fifth Street
Reading PA 19601
MUVDI, MD, B Charles IM
120 Prospect Street
Reading PA 19606
NAGLE, MD, Arlington A GP
R D 1 Route 422
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Reading PA 19604
OPLINGER, MD, Arthur F FP
2509 Perkiomen Avenue
Reading PA 19606
OROURKE, MD, David B FP
560 Van Reed Road
Wyomissing PA 19610
ORQUIZA, MD, Clodualdo S U
931 Penn Avenue
Wyomissing PA 19610
PACIULLI, MD, Raffaele ORS
200 North 13th Street
Reading PA 19604
PADIYAR, MD, Ramdas B AN
14 Thornburg Road
Reading PA 19606
PAN, MD, Edward L ORS
200 North 13th Street
Reading PA 19604
PAOLINI, MD, Mauro J PD
1981 Bern Road
Wyomissing PA 19610
PARIKH, MD, Shirish N IM
73 South Hampton Drive
Wyomissing Hills PA 19610
PARKER JR, MD, James H OPH
41 Cardinal Road
Wyomissing PA 19610
PATADIA, MD, Chandrakant IM
2309 Alsace Road
Reading PA 19604
PEARAH, MD, J David OPH
455 Penn Avenue
Sinking Spring PA 19608
PEARSON, MD, Harold W ORS
627 Walnut Street
Reading PA 19601
PELLEGRINI, MD, Vincent A OBG
119 Gail Circle
Wyomissing PA 19610
PENTA, MD, John M OTO
200 North 13th Street
Reading PA 19604
PERILSTEIN, MD, Michael D RHU
200 North 13th Street
Reading PA 19604
PERLMUTTER, MD, Gordon S R
301 South Seventh Avenue
West Reading PA 19611
PETER JR, MD, Carl W FP
200 North 13th Street
Reading PA 19604
PEW, MD, Joseph N IM
75 Park Road
West Lawn PA 19609
PIEGARI, MD, Guy N CD
110 Deborah Drive
Wyomissing Hills PA 19610
PIFER, DO, John F FP
63 North Fourth Street
Hamburg PA 19526
PIXLER, MD, Mary G IM
Boxwood Paths
Fleetwood PA 19522
PLYMYER, MD, Ray E IM
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Reading PA 19611
POMERANTZ, MD, Philip A NEP
403 North 13th Street
Reading PA 19604
POTKONSKI, MD, Leopold A P
245 Rosedale Drive
Pottstown PA 19464
PROBST, MD, Susan J OBG
740 Penn Avenue
West Reading PA 19611
PROSERPI, MD, Sergio V PS
301 South Seventh Avenue
West Reading PA 19611
PUJARA, MD, Devi M AN
145 North Sixth Street
Reading PA 19601
QUEREAU, MD, J Van Dyke OPH
1113 Reading Blvd
Reading PA 19610
RAMSEY JR, MD, Harry E HEM
301 South Seventh Avenue
West Reading 19611
REBER, MD, Howard F U
1310 East Wyomissing Blvd
Reading PA 19611
REED, MD, Clifford A N
301 South Seventh Avenue
West Reading PA 19611
REED, MD, Mark S CLP
333 Wheatland Avenue
Shillington PA 19607
REES, MD, David B ORS
401 Buttonwood Street
West Reading PA 19611

REICHARD, MD, Richard C GP
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Topton PA 19562
REIDENBERG, MD, Leon US
C-01 1801 Cambridge Avenue
Wyomissing PA 19610
REIFSNYDER, MD, William H IM
560 Van Reed Road
Wyomissing PA 19610
REIGH, MD, Ernest E NS
601 Spruce Street
West Reading PA 19611
REINSEL, MD, Richard C GS
1314 Monroe Avenue
Wyomissng PA 19610
RENKERT, MD, Elizabeth E FP
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1164 North 13th Street
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Butler PA 16001
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Butler PA 16001
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Butler PA 16001
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Butler PA 16001
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ALLEY, MD, Ali A FP
109 Mulberry
Berwick PA 18603
ALMASHAT, MD, Ala A GS
531 East Front Street
Berwick PA 18603
AVENIA, MD, Ronald J OPH
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Bloomsburg PA 17815
BADARACCO, MD, Marie R P
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Bloomsburg PA 17815
BALDIA, MD, Liveo B GS
540 East 11th Street
Berwick PA 18603
BECKER, MD, Bruce FP
301 Oak Lane
Bloomsburg PA 17815
BITTENBENDER, MD, Joseph N
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Shickshinny PA 18655
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Six Pearle Street
Elysburg PA 17824
CAMPBELL, MD, David R FP
1701 Fowler Avenue
Berwick PA 18603
CAMPBELL, MD, Ernest W GP
3119 Old Berwick Road
Bloomsburg PA 17815
CAMPBELL, MD, Robert J FP
1701 Fowler Avenue
Berwick PA 18603
CHOPRA, MD, Raj P U
326 Market Street
Bloomsburg PA 17815
CLARK, MD, Grant C GP
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CLEAVER, MD, Clarence P GP
250 Main Street
Catawissa PA 17820
CORSON, MD, Thomas C OBG
Ten Penn Street
Bloomsburg PA 17815
CORTEZA, MD, Benjamin A IM
1407 Treeline Drive
Bloomsburg PA 17815
CRAKE, MD, Roger F GS
699 East 16th Street
Berwick PA 18603
CRETELLA, MD, Thomas S FP
301 East Front Street
Berwick PA 18603
DELGATTO, MD, Louis J PD
27 East Fifth Street
Bloomsburg PA 17815
DELP, MD, Richard U GP
3119 Old Berwick Road
Bloomsburg PA 17815
DENNIS, MD, James B NM
1018 East Tenth Street
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ECKEL, MD, Timothy B FP
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Berwick PA 18603
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IREY JR, MD, Philip M IM
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MEHTA, MD, Niharika D OBG
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MELDRUM, MD, Robert W FP
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Bloomsburg PA 17815
MIDDLETON, MD, Robert J IM
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NUNGESSER, MD, Raymond F FP
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REESE, MD, Fred W GP
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Bloomsburg PA 17815
REMALY, MD, Donald A FP
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Bloomsburg PA 17815
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Carlisle PA 17013
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Carlisle PA 17013
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Carlise PA 17013
COX, MD, Paul A OPH
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Carlisle PA 17013
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R D 1
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GRAHAM III, MD, William P PS
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Carlisle, PA 17013
GREEN, MD, Joseph E GP
274 Wilson Street
Carlisle PA 17013
GREEN, MD, Thomas J ORS
220 Wilson Street
Carlisle PA 17013
GREEN III, MD, Joseph E IM
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Carlisle PA 17013
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Carlisle PA 17013
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Carlisle PA 17013
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Carlisle PA 17013
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Carlisle PA 17013
HERTZLER JR, MD, John V IM
256 South Hanover Street
Carlisle PA 17013
HOAGLAND, MD, Guy D IM
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York PA 17403
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Mechanicsburg PA 17055
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Carlisle PA 17013
HOFFMAN, MD, J Lynn PD
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Carlisle PA 17013
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HOUGH, MD, Rodney K FP
49 Brookwood Avenue
Carlisle PA 17013
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Carlisle PA 17013
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1358 Lutztown Road
Boiling Springs PA 17007
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Carlisle PA 17013
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10 West Pomfret Street
Carlisle PA 17013
LEWIS, MD, Gregory L GE
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Carlisle PA 17013
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Carlisle PA 17013
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128 Drakes Drum Drive
Bryn Mawr PA 19010
WALICHUCK, MD, John G GP
454 Spring Valley Road
Media PA 19063
WALLACE JR, MD, Joseph OTO
Five North Owen Avenue
Lansdowne PA 19050
WANG, MD, George C IM
40 North Chester Pike
Glenolden PA 19036
WARD, MD, Edward J OBG
5001 Brandywine Way
Stuart FL 33497
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3030 Garrett Road
Drexel Hill PA 19026
WASLEY, MD, Douglas C GP
18 Furness Lane
Wallingford PA 19086
WEBER, MD, George L OS
2804 North Kent Road
Broomall PA 19008

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236 Westwood Park Drive
Havertown PA 19083
WEIBEL, MD, Robert E PD
1458 West Lamplighter Lane
Gwynedd PA 19436
WEINBERG, MD, Carroll A CHP
261 Indian Creek Road
Philadelphia PA 19151
WEINBERG, MD, Richard A D
930 West Sproul Road
Springfield PA 19064
WEINER, MD, Roger D CD
Eight Morton Avenue
Ridley Park PA 19078
WEISS, MD, Richard D R
Sacred Heart Medical Center
Chester PA 19013
WELSH, MD, Judith B PD
210 Moylan Avenue
Wallingford PA 19086
WENTZ JR, MD, Walter E GP
603 Crum Creek Road
Media PA 19063
WERTHEIMER, MD, Marc J IM
Five Clusters Chelsey Drive
Media PA 19063
WHELAN, MD, Stephen T D
Ludlow Street And Brandon Ave
Upper Darby PA 19082
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Media PA 19063
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712 Darby Road
Havertown PA 19083
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132 Seminole Avenue
Norwood PA 19074
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119 Pennock Place
Media PA 19063
WILKERSON, MD, Joseph L U
2100 Keystone Avenue
Drexel Hill PA 19026
WILKINSON, MD, Harold A FP
111 Dartmouth Avenue
Swarthmore PA 19081
WILKINSON, MD, Roselise H PD
111 Dartmouth Avenue
Swarthmore PA 19081
WILLIAMS, MD, Burton L R
Eight Orchard Lane
Wallingford PA 19086
WILLIAMS, MD, Claude M OBG
903 Heathdale Road
Media PA 19063
WILLIAMS, MD, Susan L IM
15Th Street And Upland Avenue
Chester PA 19017
WILSON, MD, Roma A PTH
Nineth And Wilson Streets
Chester PA 19013
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Philadelphia PA 19115
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Two Steeplechase Drive
Media PA 19063
YAGNIK, MD, Rekha P PD
501 East Ninth Street
Chester PA 19013
YARDNEY, MD, Marc J IM
207 Midland Avenue
Wayne PA 19087
YEOMAN, MD, Margaret P PS
1500 Monk Road
Gladwyne PA 19035
YETIMYAN, MD, Vahe PTH
3854 Garrett Road
Drexel Hill PA 19026
YODER, MD, Morris L IM
149 Decatur Road
Havertown PA 19083
YOUNG, MD, Marc OPH
130 North Eagle Road
Havertown PA 19083
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906 Twyckenham Road
Media PA 19063
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BABIN, MD, Roman A PD
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St Marys PA 15857
BLACKBURN, MD, Joseph M GP
275 East Fourth Street
Emporium PA 15834
CARUSO, MD, David M FP
20 North Michael Street
St Marys PA 15857
CHILIAN JR, MD, Stephen A FP
1109 Johnsonburg Road
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CIENCIVA, MD, Rosemaria J FP
316 West Theresia Road
St Marys PA 15857
COPPOLO, MD, Bernard L CD
121 Arch Street
St Marys PA 15857
DELICH, MD, John P GP
455 Dorothy Avenue
Johnstown PA 15906
FLORES JR, MD, Emilio G NM
Andrew Kaul Memorial Hospital
St Marys PA 15857
JAYAPRAKASH, MD, CHP
Srinivasa K
220 Center Street
Ridgway PA 15853
JOLLY, MD, Raj K OTO
20 North Michael Street
St Marys PA 15857
JOSEPH, MD, Kadankavil C GS
Andrew Kaul Memorial Hospital
St Marys PA 15857
KELLY, MD, John S EM
Andrew Kaul Memorial Hosp
St Marys PA 15857
LIN, MD, Pu Ching R
Elk County General Hospital
Ridgway PA 15853
LIN, MD, Wu Jan OBG
129 North Michael Street
St Marys PA 15857
LU, MD, Luis W OPH
129 North Michael Street
St Marys PA 15857
MEYERS, MD, Allan F FP
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MIN, MD, Henry M ORS
530 South St Marys Street
St Marys PA 15857
MINTEER, MD, James W IM
505 Hyde Avenue
Ridgway PA 15853
MYERS, MD, Paul R GS
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Jersey Shore PA 17740
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Catalino G
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Ridgway PA 15853
REGEC, MD, Stephen P OBG
C/O Maple Avenue Hospital
Dubois PA 15801
SCHMIDT, MD, Robert J FP
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St Marys PA 15857
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Emporium PA 15834
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102 Center Street
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ALLEN, MD, Hugh L IM
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North East PA 16428
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224 West 26th Street
Erie PA 16508
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Erie PA 16502
ANTOON, DO, Michael S EM
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Erie PA 16550
AQUILINO, MD, James F FP
5165 Imperial Parkway
Girard PA 16417
BACHIR, MD, Simon G CD
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Erie PA 16507
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Erie PA 16506
BEAVER, MD, Warren J FP
604 Connecticut Drive
Erie PA 16505
BECK, MD, Gerald OBG
3750 West 26th Street
Erie PA 16506
BEDNARSKI, MD, Jeffrey J GS
238 West 22nd Street
Erie PA 16502
BEEBY, MD, James L GS
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BENJAMIN, MD, David R D
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Erie PA 16508
BERESKY, MD, Barnabas S GP
3308 State Street
Erie PA 16508
BLAKE, MD, Jeffery I CD
224 West 26th Street
Erie PA 16508
BOHLENDER, MD, George P OBG
140 West Second Street
Erie PA 16507
BOYLE, MD, Richard C FP
5165 Imperial Parkway
Girard PA 16417
BRASILE, DO, Domenick J GP
5192 Ferndale Place
Fairview PA 16415
BRERETON, MD, William F HEM
104 East Second Street
Erie PA 16507
BROCKMYER, MD, M Lawrence IM
104 East Second Street
Erie PA 16507
BROTHERSON, MD, Gary T OPH
104 East Second Street
Erie PA 16507

BROWN, MD, Arthur C CRS
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Erie PA 16508
BU, MD, Tae-Hyung OBG
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Erie PA 16502
BURBRIDGE, MD, Geoffrey R IM
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Erie PA 16507
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CARBONE, MD, Robert J FP
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Erie PA 16550
CARNEVAL, DO, Daniel C ORS
306 West 11th Street
Erie PA 16501
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Erie PA 16501
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Erie PA 16501
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CHUNG, MD, Chin-Yong PD
210 East Second Street
Erie PA 16507
COFER, MD, Thomas N IM
315 York Street
Corry PA 16407
COGLEY, MD, Richard L FP
249 West 24th Street
Erie PA 16544
COHEN, MD, William W FP
3822 Wayne Street
Erie PA 16504
COLE, MD, Dennis G ORS
406 Peach Street
Erie PA 16507
COLE, MD, Richard A DIA
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Erie PA 16508
COOPER, MD, Homi S OM
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Fairview PA 16415
COOVER, MD, Leonard R R
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CROSS, MD, Raquel IM
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Erie PA 16508
CRUZ, MD, Rogelio A GS
1086 Mead Avenue
Corry PA 16407
CSIR, MD, Floyd M U
104 East Second Street
Erie PA 16507
CUNNINGHAM, MD, John R CDS
300 State Street
Erie PA 16507
DAIL, MD, Eric M OBG
210 East Second Street
Erie PA 16507
DAILEY, MD, Ellen E OBG
2314 Sassafras Street
Erie PA 16502
DANGELO, MD, George J TS
104 East Second Street
Erie PA 16507
DANIELE, MD, Joseph Q GS
238 West 22nd Street
Erie PA 16502
DECKER, MD, Richard L FP
41 West Main Street
North East PA 16428
DEFRANCO, MD, Joseph M IM
1940 West Eighth Street
Erie PA 16505
DEIMEL, MD, Joseph F FP
1589 West 54th Street
Erie PA 16509
DEMARCO, MD, John J OBG
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Erie PA 16502
DEMATTEIS, MD, James A N
104 East Second Street
Erie PA 16507

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DHALIWAL, MD, Ranjit S TR
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Erie PA 16507
DIETEMAN, MD, David F D
3190 Glenwood Park Avenue
Erie PA 16508
DIMASI, DO, Robert E EM
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Erie PA 16509
DISTEFANO, MD, Berardino IM
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Erie PA 16502
DOUPE, MD, David W OBG
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DREYFUS, MD, Richard NEP
2511 Myrtle Street
Erie PA 16502
DRUCKEMILLER, MD, William H NS
167 West Holly Drive
Fairview PA 16415
DUBEY, MD, Saroj K GP
232 West 25th Street
Erie PA 16544
DUDENHOEFER, MD, Frederick J A
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Erie PA 16506
DUGAN, MD, Thomas M CD
6694 Knollwood Drive
Fairview PA 16415
DULABON, MD, David A U
2314 Sassafras Street
Erie PA 16502
DUNN, MD, David D GS
104 East Second Street
Erie PA 16507
DUNN, MD, Geoffrey P GS
104 East Second Street
Erie PA 16507
EARICK, MD, Michael E OPH
2626 Sigsbee Street
Erie PA 16508
ECKBERG, MD, John J IM
140 West Second Street
Erie PA 16507
EHRLER, MD, August H US
4144 Trask Avenue
Erie PA 16508
EISENBERG, MD, Richard B PTH
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Erie PA 16509
ERB, MD, Kathleen M GS
316 West 23rd Street
Erie PA 16502
EULIANO JR, MD, John J ORS
406 Peach Street
Erie PA 16507
EULIANO SR, MD, John J ORS
406 Peach Street
Erie PA 16507
FAGENHOLZ, MD, S Allen PUD
2314 Sassafras Street
Erie PA 16502
FALASCA, DO, Thomas D AN
252 West 11th Street
Erie PA 16501
FEEMAN, MD, Theresa J RHU
300 State Street
Erie PA 16507
FERNANDEZ, MD, Oscar V PTH
252 West 11th Street
Erie PA 16501
FERNANDO, MD, Neville A AN
947 West 52nd Street
Erie PA 16509
FERRARO, MD, Robert J CD
104 East Second Street
Erie PA 16507
FERRIS, MD, Joseph M FP
2901 East Lake Road
Erie PA 16531
FINN, MD, Joanne OBG
140 West Second Street
Erie PA 16507
FLAMINI, MD, John A N
2314 Sassafras Street
Erie PA 16502
FLICK, MD, Kathryn L FP
136 Meadville Street
Edinboro PA 16412
FLOREK, MD, Florian F ORS
104 High Street
Edinboro PA 16412
FOREMAN, MD, Bruce P DR
232 West 25th Street
Erie PA 16544
FOURNIER, MD, Raymond OBG
132 North Main Street
Union City PA 16438
FRANKOVITCH, MD, Karl F ORS
406 Peach Street
Erie PA 16507
FRYCZYNSKI, MD, Thaddeus P CD
15 East 12th Street
Erie PA 16501
FURR, MD, Charles M CD
104 East Second Street
Erie PA 16507

FUST, MD, John A PTH
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GALLAGHER, MD, Philip E PDA
140 West Second Street
Erie PA 16507
GARRISON, MD, John M TS
551 Sidewood
Erie PA 16505
GARVEY, MD, William P GP
3860 Stellar Drive
Erie PA 16506
GEIGLE, MD, Carl F CRS
3216 State Street
Erie PA 16508
GEORGE, MD, Jacob TS
225 West 25th Street
Erie PA 16502
GERMAN, MD, Antonio I PTH
232 West 25th Street
Erie PA 16544
GMUER, MD, Paul J GE
238 West 22nd Street
Erie PA 16502
GOKHALE, MD, Sudhir B OTO
1611 Peach Street
Erie PA 16501
GOLD, MD, Jack PD
926 West 38th Street
Erie PA 16508
GOODRICH, MD, Jack K NM
104 East Second Street
Erie PA 16507
GRAJEWSKI, MD, Robert S U
104 East Second Street
Erie PA 16507
GUELCHER, MD, Robert T OTO
225 West 25th Street
Erie PA 16502
GUNDUZ, MD, Metin GS
1631 North Pearl Street
North East PA 16428
GUNDUZ, MD, Paula A OBG
1631 North Pearl Street
North East PA 16428
GUSTIN, MD, Thomas A P
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Erie PA 16505
GUTHLEBEN, MD, John G OBG
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Erie PA 16503
HAIBACH, MD, Raymond A FP
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Erie PA 16509
HANSON, MD, Elbert L CDS
Bayfront Professional Bldg
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HARDY, MD, Heidrun D AN
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Erie PA 16505
HENDERSON, MD, Ellsworth W GP
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Corry PA 16407
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HOU, MD, Ching W OBG
740 Wanye Street
Corry PA 16407
HRINDA, MD, John G FP
920 Pine Tree Drive
Girard PA 16417
HUDSON, MD, Howard L R
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Erie PA 16507
HYATT, MD, Floyd R R
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IBRAHIM, MD, Fouad S EM
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Erie PA 16544
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Erie PA 16509
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Erie PA 16504
JOHNSTON, DO, Craig T FP
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JOY, MD, Charles A IM
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160 Oakmont Avenue
North East PA 16428
KEISTER, MD, Stephen R IM
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Erie PA 16507
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Erie PA 16502
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Erie PA 16507
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Erie PA 16505
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217 West 11th Street
Erie PA 16501
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Erie PA 16550
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Erie PA 16502
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KUKLINSKI, MD, Lawrence M ORS
204 West 26th Street
Erie PA 16508
LAMBERTON, MD, William D FP
213 East 41st Street
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213 East 41st Street
Erie PA 16504
LAMP, MD, Albert L OS
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Erie PA 16544
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LARA, MD, Henry R PTH
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LASHER, MD, J Donald GS
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Erie PA 16502
LASHER, MD, Robert L GS
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Erie PA 16502
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Erie PA 16508
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Erie PA 16544
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Erie PA 16502
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225 West 25th Street
Erie PA 16502
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2314 Sassafras Street
Erie PA 16502
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Erie PA 16501
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North East PA 16428
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Erie PA 16507
MCCOMBS, MD, Ray D GP
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Erie PA 16505
MCGEEHAN, MD, Paul A R
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Erie PA 16507
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Erie PA 16511
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Erie PA 16550
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Erie PA 16507
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Erie PA 16507
MITRA, MD, Atin K US
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Erie PA 16544
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Erie PA 16508
MRAZ, MD, John P D
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Erie PA 16508
MSZANOWSKI, MD, Edwin M GS
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Erie PA 16507
NAGLE, MD, Richard W DR
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Erie PA 16507
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Erie PA 16508
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Erie PA 16544
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DENIS, MD, Leonard J CDS
The Forum Plaza
Scranton PA 18503
DESAI, MD, Arundev D AN
120 Welsh Hill Road
Clarks Summit PA 18411
DESAI, MD, Arvind D IM
141 Salem Avenue
Carbondale PA 18407
DESAI, MD, Kashmira A IM
100 Woodhaven Road
Peckville PA 18452
DESAI, MD, Meena B
334 Main Street
Dickson City PA 18519
DIAKIW, MD, John IM
748 Quincy Avenue
Scranton PA 18510
DISILVIO, MD, Thomas V PTH
441 Wyoming Avenue
Scranton PA 18503
DOHERTY JR, MD, John H ORS
746 Jefferson Avenue
Scranton PA 18510
DOHERTY SR, MD, John H OBG
1204 Richmont Street
Scranton PA 18509
DOVYDAITIS, MD, Romas DR
Mercy Hosp Xray
Scranton PA 18501
DRESSEL JR, MD, CD
Christopher J
746 Jefferson Avenue
Scranton PA 18510
DRUFFNER, MD, Charles R IM
Scranton Life Bldg
Scranton PA 18503
DRUFFNER JR, MD, Lewis C GP
603 Grove Street
Avoca PA 18641
DUNAY, DO, Darlene A M GP
411 Phillips Street
Old Forge PA 18518
DZIELAK, DO, Edward J IM
Moses Taylor Physicians Bldg
Scranton PA 18510
EAGEN, MD, Jeremiah W NEP
746 Jefferson Avenue
Scranton PA 18510
EISNER, MD, Abraham G IM
Madison Avenue At Pine Street
Scranton PA 18510
EISNER, MD, Steven B CD
808 North Webster Avenue
Scranton PA 18510
EMANUELSON, MD, Richard G HEM
330 Scott Road
Clarks Summit PA 18411
FABI, MD, Mario N CD
746 Jefferson Avenue
Scranton PA 18501
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P O Box 170
Waverly PA 18471
FARRELL, MD, Robert E R
201-6 Med Arts Bldg
Scranton PA 18503
FARRELL, MD, William J R
201 Medical Arts Bldg
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FAVINI, MD, Josephine L GP
1610 Pittston Avenue
Scranton PA 18505
FAVINI, MD, M Peter FP
1611 Pittston Avenue
Scranton PA 18505
FERRARO, MD, Patrick J GS
201 Smallcombe Dr #202
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802 Jefferson Avenue
Scranton PA 18510
FRANGOS, MD, James N R
746 Jefferson Avenue
Scranton PA 18501
FRATTALI, MD, August FP
100 North Main Avenue
Scranton PA 18504
FROOZAN, MD, Homayoon N
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Scranton PA 18508
FUREY, MD, Sandy A IM
748 Quincy Avenue
Scranton PA 18510
GAFFNEY, MD, John J IM
310 George Street
Throop PA 18512
GALLAGHER, MD, Michael J IM
746 Jefferson Avenue
Scranton PA 18501
GAREY, MD, Herman S OBG
1416 Monroe Avenue
Dunmore PA 18509
GAZMEN, MD, Candonino C GS
117 Susquehanna Avenue
Olyphant PA 18447
GENTILE, MD, Anthony J IM
748 Quincy Avenue
Scranton PA 18510
GIOMBETTI, MD, Joseph J FP
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Scranton PA 18508
GOLDSTEIN, MD, Erroll J OBG
747 Madison Avenue
Scranton PA 18510
GOLDSTONE, MD, Sheldon B D
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Throop PA 18512
GOTTSHALL, MD, Samuel C AN
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201 Smallecombe Drive
Scranton PA 18508
GRATZ, MD, Richard E IM
115 River Avenue
Olyphant PA 18447
GRYCZKO, MD, Gerald A ORS
743 Jefferson Avenue
Scranton PA 18510
GUSTAITIS, MD, Joseph A GP
1642 North Main Avenue
Scranton PA 18508
GUZEK, MD, John R IM
Madison Ave And Pine Street
Scranton PA 18510
GUZEK, MD, Joseph T OPH
401 Adams Avenue
Scranton PA 18510
HAHN, MD, Kon S OPH
141 Salem Avenue
Carbondale PA 18407
HAMZAVI, MD, Siamak CDS
414 Madison Avenue
Scranton PA 18510
HAN, MD, Sun Tak IM
746 Jefferson Avenue
Scranton PA 18510
HANNA, MD, Raouf E PD
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Scranton PA 18508
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JAN, MD, Tayyaba S PD
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JONES, MD, C Henry OPH
707 North Rebecca Avenue
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JORDAN, MD, Jerome W OPH
207 North Franklin Avenue
Scranton PA 18503
JORDAN, MD, Wm J OPH
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Clarks Summit PA 18411
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Scranton PA 18510
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1416 Monroe Avenue
Dunmore PA 18509
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130 Main Street
Blakely PA 18447
KANE, MD, James A GS
743 Jefferson Avenue
Scranton PA 18510
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KARUMBAYA, MD, Romola NS
Bank Towers #1117
Scranton PA 18503
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Taylor PA 18517
KAVILLE, MD, Robert W IM
R D 5
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KEHRLI, MD, Henry J FP
313 South Main Avenue
Scranton PA 18504
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Scranton PA 18510
KRAUSE, MD, Robert E OS
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Scranton PA 18510
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Scranton PA 18510
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Scranton PA 18501
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Scranton PA 18510
MARINO, MD, Joseph N FP
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Scranton PA 18510
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Carbondale PA 18407
MOGERMAN, MD, Richard L ORS
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746 Jefferson Avenue
Scranton PA 18510
MORGAN JR, MD, Vernon W OBG
746 Jefferson Avenue
Scranton PA 18510
MORI, MD, Gino GS
225 Penn Avenue
Scranton PA 18503
MORI, MD, Hugo U
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MORITZ, MD, Mordekhai GE
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Blakely PA 18447
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Scranton PA 18501
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Scranton PA 18505
MOYLAN, MD, Robert E GP
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NESE, MD, Anthony J GS
1008 Medical Arts Bldg
Scranton PA 18503
NEUMANN, MD, George L US
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NEVILLE, MD, Edwin C TS
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Scranton PA 18510
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Clarks Summit PA 18411
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743 Jefferson Avenue
Scranton PA 18501

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505 South Blakely Street
Dunmore PA 18512
OCONNOR JR, MD, James J PTH
441 Wyoming Avenue
Scranton PA 18509
ORAM, MD, Melvin FP
431 Wyoming Avenue
Scranton PA 18503
PAGNOTTI, MD, Joseph P IM
20 Garber Street
Old Forge PA 18518
PALANDJIAN, MD, CHP
Khatchadour B
141 Salem Avenue
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R D 4 Box 326
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611 Carnahon Drive
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PARRILLO, MD, Douglas W R
746 Jefferson Ave
Scranton PA 18510
PARSICK, MD, Daniel P FP
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Scranton PA 18504
PASCUCCI, MD, Stephen E PD
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PATEL, MD, Ashokkumar C P
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PATEL, MD, Bhupendra R P
512 Lackawanna Avenue
Mayfield PA 18433
PATEL, MD, Bipinchandra M CDS
R D 2
Moscow PA 18444
PATEL, MD, Ramesh C OBG
141 Salem Avenue
Carbondale PA 18407
PATRICK, MD, Nicholas E EM
Longview Terrace
Waverly PA 18471
PAVUK, MD, Daniel J OPH
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Jerwyn PA 18433
PELICCI, MD, Leroy J N
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Scranton PA 18510
PERRY, MD, Anthony M IM
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Scranton PA 18503
PETERS, MD, John W PUD
802 Jefferson Avenue
Scranton PA 18510
PETERS, DO, William S GS
387 North Ninth Avenue
Scranton PA 18504
PETTINATO, MD, Salvatore R GP
92 Salem Avenue
Carbondale PA 18407
PHILBIN, MD, Joseph F IM
1736 Sanderson Avenue
Scranton PA 18508
PICZON, MD, Oscar Y NEP
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PICZON, MD, Severino Y NS
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POLLINO, MD, Vincent FP
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Scranton PA 18503
PRELI, MD, Olindo J CD
746 Jefferson Avenue
Scranton PA 18510
PROCTOR, MD, 9ichael S D
507 High Street
Honesdale PA 18431
PUHALLA, MD, Cyril M J P
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RANCIER, MD, Lee F R
201-6 Med Arts Bldg
Scranton PA 18503
RAO, MD, Madhava S CD
220 Linden Street
Scranton PA 18503
REMICK, DO, Paul F FP
309 Sunnyside Avenue
Clarks Summit PA 18411

RHIEW, MD, Francis C DR
101 Belmont Avenue
Clarks Green PA 18411
ROE, MD, Eugene J GP
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Olyphant PA 18447
ROGALLA, MD, Charles S OBG
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622-23 Bank Towers
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ROSENBLATT, MD, Stanley A N
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ROSENFELD, MD, Bernard D U
427 Madison Avenue
Scranton PA 18503
ROSENTHAL, MD, Stephen I PD
720 North Webster Avenue
Scranton PA 18510
ROSIECKI, MD, Michael W OPH
304 Third Natl Bank Bldg
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ROSS, MD, Vincent L PD
440 North Main Street
Scranton PA 18504
RUDOLPH, MD, Kenneth H DIA
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Scranton PA 18510
RUGGIERO, DO, Dominic EM
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Scranton PA 18510
SEBASTIANELLI, MD, Mario J IM
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SEIGLE, MD, Walter E AN
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996 East Orange Street
Lancaster PA 17602
BABB, MD, Terrence E FP
555 North Duke Street
Lancaster PA 17604
BACHMAN, MD, William H FP
240 Clearfield Road
New Providence PA 17560
BACON, MD, Richard W FP
676 East Main Street
New Holland PA 17557
BADMAN, MD, Dennis S FP
1239 Elm Avenue
Lancaster PA 17603
BAIR, MD, Charles W GP
22 West State Street
Quarryville PA 17566
BAIRD, MD, Edward F AN
St Joseph Hospital
Lancaster PA 17604
BAIRD, MD, Robert J FP
Manor Family Health Center
Millersville PA 17551
BAKKEN, MD, William W FP
101 Abbeyville Road
Lancaster PA 17603
BALKANY, MD, Christopher K IM
202 Butler Avenue
Lancaster PA 17601
BARR, MD, V Ward NS
1671 Crooked Oak Drive
Lancaster PA 17601
BARTGES, MD, John D U
822 Marietta Avenue
Lancaster PA 17603
BASHORE JR, MD, Robert M OBG
531 North Lime Street
Lancaster PA 17602
BEACHER JR, MD, George W GP
5286 Lincoln Highway
Gap PA 17527
BECKER, MD, Hilary J PD
800 Estelle Drive
Lancaster PA 17601
BEHRENS, MD, William E FP
Family Health Center
Lancaster PA 17604
BEITTEL, MD, James P PD
800 Estelle Drive
Lancaster PA 17601
BENDER, MD, Robert R GP
Bowmansville PA 17507
BERING, MD, Thomas G AN
133 East Frederick Street
Lancaster PA 17602
BERKOW, MD, Don A EM
800 Orchard Lane
Lancaster PA 17603
BERKOWITZ, MD, Alan R AN
522 Greenhowe Drive
Lititz PA 17543
BERNHARD, MD, Robert A R
1509 Clayton Road
Lancaster PA 17603
BESECKER, MD, Joseph A PD
1725 Oregon Pike
Lancaster PA 17601
BEYER III, MD, Frederick C GS
131 E Frederick St
Lancaster PA 17602
BIEBER, MD, Larien G IM
1950 Marietta Avenue
Lancaster PA 17603
BONCHEK, MD, Lawrence I CDS
555 North Duke Street
Lancaster PA 17603
BOWERS, MD, David W FP
562 West Second Avenue
Lititz PA 17543
BOWMAN, MD, John H OPH
1655 Crooked Oak Drive
Lancaster PA 17601
BRANAS, DO, John A GP
2158 Fruitville Pk
Lancaster PA 17601
BRESLIN, MD, Joseph A U
P O Box 1604
Lancaster PA 17603
BREWER, MD, Robert H FP
Route 441 & Bank Street
Marietta PA 17547
BROWN, MD, H Zane OPH
1254 Lititz Pk
Lancaster PA 17601
BROWN, MD, Robert E AN
1121 Oregon Hollow Road
Holtwood PA 17532
BRUBAKER, MD, J Kenneth FP
Norlanco Med Assoc
Elizabethtown PA 17022
BRUBAKER, MD, Jacob H GP
421 Main Street
Denver PA 17517

BRUBAKER, MD, Paul E FP
Norlanco Med Assoc
Elizabethtown PA 17022
BRYSON, MD, Richard L GP
120 Bank Street
Landisville PA 17538
BUCH, MD, Robert R GP
125 West Main Street
Mountville PA 17554
BUCKWALTER, MD, Victor L FP
Norlanco
Elizabethtown PA 17022
BURLINGAME, MD, Mark W CDS
555 North Duke Street
Lancaster PA 17603
BURNETT, MD, George W PD
225 North President Avenue
Lancaster PA 17603
BUSKO, MD, Carlton W GP
1810 Rothsville Road
Lititz PA 17543
CALKINS, MD, Joseph L OPH
202 Butler Avenue
Lancaster PA 17601
CAPPIELLO, MD, Justin L OPH
324 North Duke Street
Lancaster PA 17602
CARROLL, MD, Laurence E NEP
33 Wythe Circle
Lancaster PA 17601
CARRUTHERS, MD, Ralph B GP
211 North Eighth Street
Columbia PA 17512
CARTER, MD, William A FP
418 Cloverleaf Road
Elizabethtown PA 17022
CASSEL, MD, Franklin K GER
Brethren Village Box 5093
Lancaster PA 17601
CASTLE, MD, Charles A OBG
531 North Lime Street
Lancaster PA 17602
CHABY, DO, Jeffrey H OPH
200 Butler Avenue
Lancaster PA 17601
CLELAN, MD, George M AN
149 North State Street
Ephrata PA 17522
CLEMENS, MD, Jonathan L PD
630 Rockland Street
Lancaster PA 17602
COLLURA, MD, Paul T DR
602 Northlawn Drive
Lancaster PA 17603
CONDRON, MD, Brian P P
1295 Meadowbrook Road
Lancaster PA 17603
CONNAUGHTON, MD, Patrick N DR
555 North Duke Street
Lancaster PA 17603
CONRAD, MD, Wayne R ORS
Lancaster Medical Center
Lancaster PA 17603
COOKE JR, MD, Alfred J ORS
127 East Frederick Street
Lancaster PA 17602
COOPER, MD, Emmett M NM
8880E Southwest 94th Street
Ocala FL 32676
COOPER III, MD, Herbert K P
260 Little Creek Road
Lancaster PA 17601
COOPER JR, MD, Herbert K DIA
Seven Ridgewood Road
Lancaster PA 17603
COOPERSTEIN, DO, Mark S GP
2183 Oregon Pike
Lancaster PA 17601
CORCORAN, MD, John J OBG
600-D Eden Road
Lancaster PA 17601
COURSIN, MD, David B PD
1503 Hillcrest Road
Lancaster PA 17603
CRANDALL III, MD, Richard A FP
247 Main Street
Landisville PA 17538
CRILL, MD, Norman C GP
143 Millersville Road
Lancaster PA 17603
CRYSTLE, MD, C Deans OBG
1059 Columbia Avenue
Lancaster PA 17603
DALEY, MD, Marvin C U
822 Marietta Avenue
Lancaster PA 17603
DAMATO, MD, Samuel L DR
Ephrata Community Hospital
Ephrata PA 17522
DAVIDSON, MD, Paul R GS
1100 Grandview Blvd
Lancaster PA 17601
DAVIS, MD, Allan S HEM
231 North Shippen Street
Lancaster PA 17602
DAVIS, MD, Irene B OBG
70 Peach Lane
Lancaster PA 17601
DEARDORFF, MD, Charles L GS
822 Marietta Avenue
Lancaster PA 17603

DECARLO, DO, Peter J OBG
6000 Eden Road
Lancaster PA 17601
DEGREEN, MD, Hyatt P ON
333 North Arch Street
Lancaster PA 17603
DEMARIA JR, MD, Louis C FP
107 Dianne Circle
Willow Street PA 17584
DENLINGER, MD, John K AN
1440 Country Club Drive
Lancaster PA 17601
DERR, MD, Russell H US
154 West Main Street
Adamstown PA 19501
DIAMANTONI, MD, Stephen G FP
734 North Franklin Street
Lancaster PA 17602
DIEHL, MD, Daniel L FP
225 Millwood Road
Lancaster PA 17602
DOE, MD, Robert G FP
213 Tomahawk Dr E
Conestoga PA 17516
DOENECKE, MD, Arthur L GP
443 North Duke Street
Lancaster PA 17602
DORAZIO, MD, Dominick J AN
133 East Frederick Street
Lancaster PA 17602
DRAGANN, DO, Raymond D ORS
703 Lampeter Road
Lancaster PA 17602
DUPREY, MD, James G FP
181 Conestoga Blvd
Lancaster PA 17602
EBERSOLE, MD, John H TR
1440 Hunsicker Road
Lancaster PA 17601
ECKENRODE, MD, Joseph L GP
834 Marietta Avenue
Lancaster PA 17603
EISENHOWER, MD, Edward A PTH
613 Heather Lane
Lancaster PA 17603
ELKIN, DO, Richard J IM
1875 Lititz Pike
Lancaster PA 17601
ELLISON, MD, Ervin OM
815 Wilson Drive
Lancaster PA 17603
ENGLE, MD, Eugene K FP
130 South Penn Street
Manheim PA 17545
ESBENSHADE II, MD, John H IM
555 North Duke Street
Lancaster PA 17603
ESHLEMAN, MD, D Rohrer EM
46 Country Lane
Landisville PA 17538
ESHLEMAN, MD, John D PUD
Lancaster General Hospital
Lancaster PA 17603
ESHLEMAN, MD, S Kendrick P
317 North Duke Street
Lancaster PA 17602
ETNOYER, MD, John J OBG
549 North Lime Street
Lancaster PA 17602
EVANS, MD, Charles M ORS
301 West Main Street
Ephrata PA 17522
EYLER, MD, Paul W R
1332 Hillcrest Road
Lancaster PA 17603
FALK JR, MD, Robert B AN
133 East Frederick Street
Lancaster PA 17602
FARMER, MD, John L GS
1140 Columbia Avenue
Lancaster PA 17603
FEEHAN, MD, Patrick R D
1834 Oregon Pike
Lancaster PA 17601
FERGUSON, MD, Robert H N
127 Waterfront Estates Drive
Lancaster PA 17602
FLEISCHER, MD, Leslie R CD
333 North Arch Street
Lancaster PA 17603
FLORES, MD, Alberto C IM
3413 Goshen Road
Newtown Square PA 19073
FORMAN, MD, Irwin H P
342 College Avenue
Lancaster PA 17603
FOUST, MD, Wilson A GP
Brethran Village P O Box 5093
Lancaster PA 17601
FRANCE, MD, Laurence W OBG
1059 Columbia Avenue
Lancaster PA 17603
FREDERICK, MD, David W FP
101 Abbeyville Road
Lancaster PA 17603
FUCHS, MD, David E FP
3045 Marietta Avenue
Lancaster PA 17603
FULTON, MD, Harry C OPH
1420 Hunsicker Road
Lancaster PA 17601

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884 North Maple Street
Ephrata PA 17522
GAREIS, MD, John W R
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Lancaster PA 17603
GAROFOLA, MD, John H R
Lancaster General Hospital
Lancaster PA 17603
GARRIDO, MD, Eddy NS
1671 Crooked Oak Drive
Lancaster PA 17601
GARVEY, MD, Edmund P AN
401 Chowning Place
Lancaster PA 17601
GASTALDO, MD, John A NS
299 Hess Boulevard
Lancaster PA 17601
GAULT, MD, James H CD
420 West Chestnut Street
Lancaster PA 17603
GAUSE, MD, Paul E IM
P O Box 419
Ephrata PA 17522
GAYESKI, MD, Richard J FP
16-A Manor Avenue
Millersville PA 17551
GAYNOR, MD, William B PTH
23 Ridge Drive
Lititz PA 17543
GEHMAN, MD, Gary S FP
Ten East Penn Grant Road
Willow Street PA 17584
GENTZLER II, MD, Richard D CD
420 West Chestnut Street
Lancaster PA 17603
GEORGE, MD, Ellen M FP
Lancaster Gen Hosp-Dept Fp
Lancaster PA 17603
GLAH JR, MD, Henry J OS
906 East Orange Street
Lancaster PA 17602
GODDARD JR, MD, James E AN
1311 Hunter Drive
Lancaster PA 17601
GODSHALL, MD, Stanley M FP
Norlanco Medical Associates
Elizabethtown PA 17022
GOLDFARB, MD, Lloyd G IM
P O Box 3509
Lancaster PA 17604
GOLDIN, MD, Ralph J GP
140 East Main Street
Brownstown PA 17508
GOLDMAN, MD, Duane C R
630 Millcross Road
Lancaster PA 17601
GOLDMAN, MD, Gary L AN
403 Wetherburn Drive
Lancaster PA 17601
GOOD, MD, Daniel C NS
1671 Crooked Oak Drive
Lancaster PA 17601
GOOD, MD, Milton S FP
610 Highlawn Avenue
Elizabethtown PA 17022
GOTTLIEB, MD, Jerome I P
333 North Arch Street
Lancaster PA 17603
GOTTLIEB, MD, Robert J ON
1875 Lititz Pike
Lancaster PA 17601
GRANT, MD, Alistair M OBG
549 North Lime Street
Lancaster PA 17602
GRASSE JR, MD, John M GP
115 North Ninth Street
Akron PA 17501
GRAY, MD, Louis P FP
647 East Roseville Road
Lancaster PA 17601
GREENE, MD, Neil A ID
24 East James Street
Lancaster PA 17602
GROLEAU, MD, George E D
154 Ridings Way
Lancaster PA 17601
GROSH, MD, John L IM
1875 Lititz Pike
Lancaster PA 17601
GROSH, MD, Joseph W GP
Two South Broad Street
Lititz PA 17543
GROSH, MD, Paul R IM
1521 Ridge Road
Lancaster PA 17603
GROSH, MD, William B FP
Two South Broad Street
Lititz PA 17543
GROSH, MD, William K FP
1036 Broad Street
Akron PA 17501
GSCHWEND III, MD, Paul GS
822 Marietta Avenue
Lancaster PA 17603
HACKMAN, MD, Vicki L FP
P O Box 440
Willow Street PA 17584
HALPERN, MD, Barton L OPH
1532 Lititz Pike
Lancaster PA 17601

HAMMOND, MD, Charles P GP
449 West James Street
Lancaster PA 17603
HARGRAVE, MD, Hugh J AM
133 East Frederick
Lancaster PA 17602
HARNISH, MD, David M GS
208 West Main Street
Ephrata PA 17522
HARRIGER, MD, Miles D GP
2081 Edgemont Drive
East Petersburg PA 17520
HARRISON, MD, Cynthia EM
30 Glenmore Circle
Lancaster PA 17601
HARTMAN, MD, William F OBG
1115 Marietta Avenue
Lancaster PA 17603
HASSEL JR, MD, Carl W D
275 Hess Blvd
Lancaster PA 17601
HEFFERN, MD, James E PM
Millersville University
Millersville PA 17551
HEINLE JR, MD, Frederick J GS
1410 Ridge Road
Lancaster PA 17603
HEISTERKAMP III, MD, GS
Charles A
719 North Duke Street
Lancaster PA 17602
HELM, MD, Robert C GP
108 South Church Street
Quarryville PA 17566
HELM JR, MD, John D IM
618 North Duke Street
Lancaster PA 17602
HERR, MD, James D FP
Susquehana Family Health Ctr
Marietta PA 17547
HERSCHAFT, MD, Richard J D
203 North Lime Street
Lancaster PA 17602
HESS, MD, J Clair FP
Eastbrook Family Health Ctr
Ronks PA 17572
HESS, MD, Joseph B GP
2174 Old Philadelphia Pike
Lancaster PA 17602
HINES, MD, Roderick E R
444 North Lime Street
Lancaster PA 17602
HITTEL, MD, Glenn P FP
712 New Holland Avenue
Lancaster PA 17602
HODGE, MD, Ian G U
210 Eshelman Road
Lancaster PA 17601
HOGG, MD, Susan M FP
County Line Medical Center
Gap PA 17527
HOKE JR, MD, Hugh H R
555 North Duke Street
Lancaster PA 17603
HOLDER, MD, Arthur J FP
562 West Second Avenue
Lititz PA 17543
HOOVER, MD, Carl H PD
9701 Glen Oaks Circle
Sun City AZ 85351
HOPKINS, MD, Robert G FP
Manheim Family Health Center
Manheim PA 17545
HOUSMAN, MD, John H OPH
558 North Duke Street
Lancaster PA 17602
HUFFNAGLE, MD, Henry W U
P O Box 1604
Lancaster PA 17603
HUGHES, MD, David P ORS
127 East Frederick Street
Lancaster PA 17602
HUNT, MD, William D L FP
321 South Church Street
Quarryville PA 17566
HUTT, MD, Gordon H CD
1862 Sturbridge Drive
Lancaster PA 17601
ICHTER, MD, Jon R FP
1282 Barclay Drive
Lancaster PA 17601
IGLESIAS, MD, Manuel OPH
822 Marietta Avenue
Lancaster PA 17603
JACKSON, MD, Mark A FP
305 Dohner Drive
Lancaster PA 17602
JAMESON, MD, E Carleton OS
Box 83
Akron PA 17501
JENS, MD, Kurtis D F
142 East Chestnut Street
Lancaster PA 17602
JIRKA, MD, John H PD
Lancaster General Hospital
Lancaster PA 17603
JOHNS, MD, Milton W EM
R D 3 Pine Lane
Willow Street PA 17584
JOHNSON, MD, Carl G GP
585 Ridgeview Avenue
Elizabethtown PA 17022
JOHNSON, MD, Robert P FP
676 East Main Street
New Holland PA 17557
JOHNSON JR, MD, Bertram L CD
622 North Queen Street
Lancaster PA 17603
JOHNSTON, MD, Eugene V GP
20 Pine Street
Christiana PA 17509
JONES, MD, Julie L FP
Manor Family Health Center
Millersville PA 17551
JONES, MD, Terrence H FP
130 South Penn Street
Manheim PA 17545
JONES JR, MD, Arthur F OTO
1655 Crooked Oak Drive
Lancaster PA 17601
KATZ, MD, Joseph
275 Blossom Hill Drive
Lancaster PA 17601
KAUR, MD, Manjeet PD
Lancaster General Hospital
Lancaster PA 17603
KEARNS, MD, Joseph W EM
275 Dogwood Drive
Hershey PA 17033
KEEFE, MD, Jerry M FP
96 Highland Avenue
Ephrata PA 17522
KEGEL, MD, Daniel P OBG
1059 Columbia Avenue
Lancaster PA 17603
KEGEL, MD, Eugene E OBG
1059 Columbia Avenue
Lancaster PA 17603
KEGEL, MD, Mary F D
1834 Oregon Pike
Lancaster PA 17601
KELLER, DO, Jon M EM
P O Box 3509
Lancaster PA 17604
KELLY, MD, Marianne L IM
1950 Marietta Avenue
Lancaster PA 17603
KEMP, MD, Robert M FP
125 Roslyn Avenue
Lancaster PA 17602
KEMRER, MD, J Donald GP
536 North Duke Street
Lancaster PA 17602
KENDALL, MD, Leigh W GS
1314 Quarry Lane
Lancaster PA 17603
KENNA, MD, Jos Patrick EM
1501 Butter Road
Lancaster PA 17601
KENT, MD, George M ORS
325 North Duke Street
Lancaster PA 17602
KEYSER, DO, Jeffrey A GS
996 East Orange Street
Lancaster PA 17602
KIM, MD, Hack J IM
3244 Harrisburg Pike
Landisville PA 17538
KIM, MD, Yong W OBG
1081 Swipe Lane
Ephrata PA 17522
KINTZI, MD, Harry E EM
1157 Old Eagle Road
Lancaster PA 17601
KIPP, MD, James E FP
Norlanco Medical Associates
Elizabethtown PA 17022
KIRCHNER, MD, G Gary GS
Po Box 1531
Lancaster PA 17603
KIRK, MD, Marvel S GP
446 West Chestnut Street
Lancaster PA 17603
KNAUB, MD, Marilyn B FP
Southeast Lancaster Hlth Ctr
Lancaster PA 17602
KNEPPER, MD, Joseph A FP
11 Holly Drive
Leola PA 17540
KNERR JR, MD, Edgar D GYN
71 Spring Dell Road
Lancaster PA 17602
KNOX-LEE, DO, Margaret M PD
15 Church Street
Lancaster PA 17602
KOCH, MD, Andrew W R
1010 Grandview Blvd
Lancaster PA 17601
KOCHEL, MD, Randy L FP
County Line Medical Center
Gap PA 17527
KOZINN, MD, Marc J CD
317 Faulkner Drive
Lancaster PA 17601
KRAUSE, MD, Roland L FP
115 North Ninth Street
Akron PA 17501
KRAYBILL, MD, Harold E P
2475 Ellendale Drive
Lancaster PA 17602
KREIDER, MD, Henry L GP
306 S Market St
Elizabethtown PA 17022
KREIDER, MD, John K GP
2045 State Street
East Petersburg PA 17520
KREIDER, MD, Kathleen A FP
301 East Main Street
New Holland PA 17557
KRISSINGER, MD, Robert C GP
1002 Grandview Blvd
Lancaster PA 17601
KRUSEN, MD, David E GP
15 Oak Hill Drive
Paradise PA 17562
KUREY, MD, Robert J OS
330 North Duke Street
Lancaster PA 17602
KURTZ, MD, Charles H CHP
1312 Valley Road
Lancaster PA 17603
LANCASTER JR, MD, ORS
Edward L
339 North Duke Street
Lancaster PA 17602
LANCELLOTTI, MD, Giuseppe PD
1248 West Main Street
Ephrata PA 17522
LANDIS, MD, Floyd M GP
Ten Conestoga Avenue
Leola PA 17540
LANDIS, MD, Richard M GP
653 West Chestnut Street
Lancaster PA 17603
LANZILLO, MD, Joseph H R
555 North Duke Street
Lancaster PA 17602
LATSHAW, MD, Robert F R
Lancaster Radiology Assocs
Lancaster PA 17603
LAUKAITIS, MD, Ronald B GP
Clearview Drive
Reinholds PA 17569
LAZARUS, DO, Ben G IM
1875 Lititz Pike
Lancaster PA 17601
LEAMAN, MD, Ivan B FP
109 North Decatur Street
Strasburg PA 17579
LEAMAN, MD, Phyllis L EM
172 Oak View Road
Lancaster PA 17602
LEBO, MD, Arland A GP
R D 3 Box 250
Mount Joy PA 17552
LEGUM, MD, Ronald M CD
333 North Arch Street
Lancaster PA 17603
LEHMAN, MD, Harvey L GP
506 Manor Avenue
Millersville PA 17551
LEHMAN, MD, Nelson R FP
North Bank Street At Rte 441
Marietta PA 17547
LEIPHART, MD, Clarence D OPH
177 Kready Avenue
Millersville PA 17551
LEVENSON, MD, Morton W GP
811 South Cedar Street
Lititz PA 17543
LEVIN, MD, Richard M PS
1608 Lititz Pike
Lancaster PA 17601
LOCKEY III, MD, Stephen D A
2445 Marietta Avenue
Lancaster PA 17601
LOEB, MD, Roland A PTH
Box 1708
Lancaster PA 17603
LOMBARD, MD, Robert M GP
259 North Sixth Street
Columbia PA 17512
LONGENDERFER, MD, Roger L FP
107 Conestoga Street
Terre Hill PA 17581
LONGWELL, MD, Robert H OBG
600D Eden Road
Lancaster PA 17601
LOWELL, MD, Fred M P
26 Conestoga Drive
Lancaster PA 17602
LOWY, MD, Howard W DR
1506 Center Road
Lancaster PA 17603
LU, MD, Milton M PS
614 North Duke Street
Lancaster PA 17602
LYET, MD, J Paul ORS
217 Harrisburg Avenue
Lancaster PA 17603
MALEY, MD, Edward D ORS
127 East Frederick Street
Lancaster PA 17602
MANN, MD, Lowell D P
Eight West Bainbridge Street
Elizabethtown PA 17022
MARTIN, MD, Arthur E IM
126-28 West Broad Street
New Holland PA 17557
MARTIN, MD, James S FP
28 East Liberty Street
Lancaster PA 17602
MARTINI, MD, Enrico T OBG
1059 Columbia Avenue
Lancaster PA 17603
MAST, MD, Truman E P
630 North Duke Street
Lancaster PA 17602
MASTROPIETRO, MD, FP
N Anthony
440 West Chestnut Street
Lancaster PA 17603
MATHEWS, MD, Robert S ORS
554 North Duke Street
Lancaster PA 17602
MATLIN, MD, Robert A PUD
1171 Country Club Drive
Lancaster PA 17601
MATTLEMAN, DO, Joel H EM
1712 Jennings Way
Paoli PA 19301
MAY, MD, John C OBG
549 North Lime Street
Lancaster PA 17602
MAYBERRY, DO, Joseph J EM
P O Box 3509
Lancaster PA 17604
MCCANN, MD, William D CD
420 West Chestnut Street
Lancaster PA 17603
MCKEE, MD, Michael B IM
333 North Arch Street
Lancaster PA 17603
MCLAUGHLIN, MD, Frank W GP
1010 Davis Drive
Lancaster PA 17603
MCNEAL, MD, Samuel W US
Eighth & Chestnut Streets
Columbia PA 17512
MEARS, MD, Virginia G P
R D 1
Millersville PA 17551
MELAMED, MD, Brian R AN
519 Ashton Place
Lititz PA 17543
MELLINGER, MD, Richard W IM
225 North Maple Street
Ephrata PA 17522
MERSHON, MD, Charles R FP
36 South Broad Street
Lititz PA 17543
MESSNER, MD, Kenneth H OPH
112 East James Street
Lancaster PA 17602
MILLER, MD, C Eugene GP
743 Pershing Avenue
Ephrata PA 17522
MILLER, MD, Gerald E FP
964 Boyce Avenue
Lancaster PA 17601
MILLER, MD, Parry J R
113 Old Field Drive
Lititz PA 17543
MILLER JR, MD, John W OTO
1655 Crooked Oak Drive
Lancaster PA 17601
MOBERG, MD, F Barrie EM
220 East Walnut Street
Lancaster PA 17602
MOHLER, MD, J Harold IM
2465 Bluegrass Lane
Ronks PA 17572
MONCRIEF, MD, Richard D GP
1560 Lititz Pike
Lancaster PA 17601
MONDERO, DO, Nancy A OBG
2183 Oregon Pike
Lancaster PA 17601
MONTGOMERY, MD, Maxine D N
324 North Lime Street
Lancaster PA 17602
MOORE, MD, Terence N TR
Lancaster General Hospital
Lancaster PA 17603
MUELLER, MD, Garry L FP
401 Eden Road
Lancaster PA 17601
MUNTEANU, MD, Virgil P OBG
128 South State Street
Ephrata PA 17522
MURPHY, MD, Gregory L FP
508 Rutledge Avenue
Lancaster PA 17601
NASH, MD, James D IM
P O Box 360
Ephrata PA 17522
NEIDHARDT, MD, Paul W GP
316 North Fifth Street
Denver PA 17517
NEUREUTER, MD, Louis J PUD
25 East James Street
Lancaster PA 17602
NEWCOMER, MD, David L GS
2620 Miller Road
East Petersburg PA 17520
NIEMEYER, MD, Richard H FP
154 East Main Street
Leola PA 17540
NOLLER, MD, William E FP
44 Lancaster Avenue
Ephrata PA 17522
NUTTER, MD, David E P
B N Queen Street
Lancaster PA 17603
OCONNOR, MD, Thomas W FP
Six East Main Street
Mount Joy PA 17552
OCONOR JR, MD, G Thomas HEM
1875 Lititz Pike
Lancaster PA 17601
OLIN, MD, Stephen T FP
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Lancaster PA 17603
ONEILL, DO, James P ORS
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Lancaster PA 17602
PALLEN, MD, Daniel OPH
1885 Sturbridge Drive
Lancaster PA 17601
PALUMBO, MD, John A FP
1810 Oregon Pike
Lancaster PA 17601
PARLIMENT, MD, Joel W IM
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Ephrata PA 17522
PATEL, MD, Harshadkumar B PUD
555 North Duke Street
Lancaster PA 17604
PAUL JR, MD, John D GYN
224 Willow Valley Drive
Lancaster PA 17602
PENCHANSKY, MD, Barry H FP
2444 Butter Road
Lancaster PA 17601
PETERS, MD, Harold E OM
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New Holland PA 17557
PETERSON, MD, Roger D R
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Lancaster PA 17604
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4719 South East
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PHILLIPS, MD, Spencer D FP
305 Cornell Avenue
Lancaster PA 17603
PLAYFOOT, MD, Donald E FP
Leola Family Health Center
Leola PA 17540
PLOURDE, MD, Paul V END
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Lancaster PA 17602
PLUTNICKI, MD, Ronald S OBG
549 North Lime Street
Lancaster PA 17602
POHL, MD, Charles E U
P O Box 1604
Lancaster PA 17603
POKORNEY, MD, Bruce H GE
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Lititz PA 17543
PRANCKUN, MD, Peter J P
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Lancaster PA 17601
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Lancaster PA 17602
PRATT, MD, Robert S FP
25 Nolt Avenue
Willow Street PA 17584
PRICE, MD, Albert C PD
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133 Funk Street
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Lancaster PA 17603
RAMBACH, MD, Leonard GP
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Lancaster PA 17602
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ROST, MD, Charles R END
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127 East Frederick Street
Lancaster PA 17602
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Lancaster PA 17604
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Lancaster PA 17603
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Leola PA 17540
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New Holland PA 17601
STUART, MD, Thomas J N
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Lancaster PA 17602
SUMMERS, MD, Kermit L EM
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SUSSMANE, MD, Jeffrey B PD
230 North Broad Street
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MANCINO, MD, Peter J IM
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MANSELL, MD, John L FP
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New Wilmington PA 16142
MARCELLA, MD, Lawrence C OBG
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New Castle PA 16101
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618 Cornwall Road
Lebanon PA 17042
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PATEL, MD, Madhukar R U
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Lebanon PA 17042
PATERNITI, MD, Samuel F OBG
Third & Willow Streets
Lebanon PA 17042
PERRICCI, MD, Ellen S EM
132 Hillside Street
Lebanon PA 17042
PLACE, MD, Elmer R GP
111 Park Street
Lebanon PA 17042
POTASH, MD, George C OPH
513 Chestnut Street
Lebanon PA 17042
PROVENCIO, MD, Florencio PTH
1661 Krim Court
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PRUDENCIO JR, MD, Jose N U
1023 Poplar Street
Lebanon PA 17042
RIM, MD, Jeung K IM
59 Walden Road
Lebanon PA 17042
ROLLO, MD, Daniel P OBG
151 Maple Lane
Lebanon PA 17042
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R D 3
Manheim PA 17545
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302 Walnut Street
Lebanon PA 17042
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618 Cornwall Road
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SCHREIBER, MD, Richard D GP
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Lebanon PA 17042
SOLOMON, MD, Stephen J N
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Fourth St & Hathaway Park
Lebanon PA 17042
SPOTTS, MD, Ricke L FP
700 East Main Street
Annville PA 17003
SRUR, MD, Jimmy S ORS
229 South Fourth Street
Lebanon PA 17042
STOUTENBOROUGH, MD, IM
Kenneth A
711 Poplar Street
Lebanon PA 17042
SUAREZ, MD, Ramon U U
1023 Poplar Street
Lebanon PA 17042
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Lebanon PA 17042
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523 North Seventh Street
Lebanon PA 17042
UHRICH, MD, Robert W US
523 North Seventh Street
Lebanon PA 17042
ULLAH, MD, Zubair Z PD
503 Oak Street
Lebanon PA 17042
WALMER, MD, John D P
283 South Butler Road
Mount Gretna PA 17064
WELCH, MD, John P FP
322 East Main Street
Palmyra PA 17078
WEYLAND, MD, Charletta K PD
209 Hathaway Park
Lebanon PA 17042
WHEELER, MD, Glen N GP
323 Cumberland Street
Lebanon PA 17042
WHITING, MD, R Keith FP
73 Locust Avenue
Mt Gretna PA 17064
WINER, MD, Stephen F GS
225 Royal Road
Lebanon PA 17042
WORRILOW, MD, Suzanne H GP
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Lebanon PA 17042
YEAMANS, MD, Bruce E FP
21 School Lane
Lebanon PA 17042
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940 Cumberland Street
Lebanon PA 17042
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Lebanon PA 17042
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Allentown PA 18102
BAUSCH JR, MD, Frederick R GP
142 North Ninth Street
Allentown PA 18102
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Allentown PA 18102
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234 East 20th Street
Northampton PA 18067
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1136 Fifth Street
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Allentown PA 18104
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BROOKS, MD, Charles M GE
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BROWN, MD, Christopher L DR
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Allentown PA 18102
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Bethlehem PA 18017
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FETZER, MD, Arthur E U
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Allentown PA 18104
FIELD-MUNVES, MD, Ellen M RHU
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FOX, MD, Stewart TS
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Allentown PA 18103
FOX, MD, William F OM
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Coplay PA 18037
FRANKENFIELD, MD, Bruce A IM
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Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18103
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Allentown PA 18102
GAYLOR, MD, Donald H GS
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Allentown PA 18103
GAYLOR, MD, Theodore H OTO
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Allentown PA 18103
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Allentown PA 18104
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Allentown PA 18103
GITTLEMAN, MD, Mark A GS
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Allentown PA 18103
GLAZERMAN, MD, Larry R OBG
401 North 17th Street
Allentown PA 18104
GOLDFARB, MD, Daniel D P
121 North Cedar Crest Blvd
Allentown PA 18104
GOLDFARB, MD, Harold J OPH
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Allentown PA 18104
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1259 South Cedar Crest Blvd
Allentown PA 18103
GOLDSMITH, MD, Charles P OPH
930 South Hillview Road
Allentown PA 18103
GOOD, MD, Harry S GS
1711 Hamilton Street
Allentown PA 18104
GOODREAU, MD, James J CDS
401 North 17th Street
Allentown PA 18104
GOPAL, MD, T A OBG
401 North 17th Street
Allentown PA 18104
GORDON, MD, Charles A IM
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Allentown PA 18103
GORDON, MD, Michael J OTO
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Allentown PA 18103
GRASSI, MD, Joseph J PM
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Allentown PA 18103
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Allentown PA 18104
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Easton PA 18042
GUILLARD, MD, Paul IM
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Macungie PA 18062
GUZZO, MD, Joseph C NEP
2200 Hamilton Street
Allentown PA 18104
HAFF, MD, Donald W GP
2871 Golf Circle
Emmaus PA 18049
HALLOCK, MD, Geoffrey PS
1210 South Cedar Crest Blvd
Allentown PA 18103
HAMADANI, MD, Houshang G P
2895 Hamilton Blvd
Allentown PA 18104

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421 Chew Street
Allentown PA 18102
HARTZELL JR, MD, George W GS
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Allentown PA 18103
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Catasauqua PA 18032
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Allentown PA 18104
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Allentown PA 18102
HEFFERNAN, MD, Andrew H PS
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Allentown PA 18104
HEILIGMAN, MD, Nathan H GER
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Allentown PA 18104
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Allentown PA 18102
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Allentown PA 18102
HERTZ, MD, Charles S GS
Pocono Lake Pres PA 18348
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Allentown PA 18103
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1833 West Congress Street
Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18104
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Emmaus PA 18049
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1898 East Brookhaven Drive
Allentown PA 18103
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1275 South Cedar Crest Blvd
Allentown PA 18103
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R D 2 Box 64
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3710 Hamilton Street
Allentown PA 18104
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1020 South Barnsdale Road
Allentown PA 18103
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604 West Fairmont Street
Coopersburg PA 18036
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Allentown PA 18102
MERKLE, MD, Larry N END
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Allentown PA 18104
MILLER, MD, Joseph A OBG
401 North 17th Street
Allentown PA 18104
MILLER, MD, Kerry D RHU
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Allentown PA 18104
MINNER, MD, Roger J GP
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Whitehall PA 18052
MISHKIN, MD, Mark H IM
1251 South Cedar Crest Blvd
Allentown PA 18103
MITCHELL, MD, John F P
50 College Drive
Allentown PA 18104
MOERKIRK, MD, George E OM
806 South 25th Street
Allentown PA 18103
MOLDOVER, MD, Jonathan R PM
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Allentown PA 18103
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MORRISON, MD, Marjorie G P
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Allentown PA 18103
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Allentown PA 18103
MULLIN JR, MD, Edward M U
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Allentown PA 18103
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440 Ridge Avenue
Allentown PA 18102
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401 North 17th Street
Allentown PA 18104
NEDWICH, MD, Alexander PTH
1461 Red Maple Lane
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1210 South Cedar Crest Blvd
Allentown PA 18103
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Allentown PA 18103
OKUNSKI, MD, Walter J PS
1210 South Cedar Crest Blvd
Allentown PA 18103
ORDWAY JR, MD, Eugene E IM
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Allentown PA 18103
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401 North 17th Street
Allentown PA 18104

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Allentown PA 18104
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1275 South Cedar Crest Blvd
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PARSONS EXEC SEC, ROBERT R
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Allentown PA 18103
PATRIARCO, DO, Michael S OBG
215 South 13th Street
Alletown PA 18102
PERIN, MD, Lawrence A FP
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Allentown PA 18105
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1334 Hamilton Street
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Allentown PA 18104
PHELAN, MD, William J PD
1831 Linden Street
Allentown PA 18104
POST, MD, Robert M IM
1730 Chew Street
Allentown PA 18104
POWERS, MD, Victor J IM
451 Chew Street
Allentown PA 18102
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1394 North 39th Street
Allentown PA 18104
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Allentown PA 18104
QUEVEDO, MD, Jonathan P PM
2522 South Sixth Street
Allentown PA 18103
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Allentown PA 18103
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Allentown PA 18104
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REX, MD, James C TS
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Allentown PA 18103
RHODES, MD, Michael TRS
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RHODES III, MD, Luther V ID
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RIENZO, MD, Robert J DR
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Allentown PA 18105
RIETHER, MD, Robert D GS
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SILVERBERG, MD, Daniel M U
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SILVERMAN, MD, Howard A FP
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Allentown PA 18104
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Allentown PA 18103
TRACHTENBERG, MD, OPH
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Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18104
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Allentown PA 18105
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Allentown PA 18105
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AICHER, MD, D Craig OPH
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Kingston PA 18704
ALEXANDERIAN, MD, Harry A OBG
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West Pittston PA 18643
ALLEY, MD, Richard A IM
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ALMARIA, MD, Hermenegildo H DR
219 Northeastern Bldg
Hazleton PA 18201
AMBRUSO, MD, Victor T NS
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Forty Fort PA 18704
AMENTLER, MD, John P FP
452 Ridge Street
Freeland PA 18224
ANDREWS, MD, Paul J ORS
135 Hanover Street
Wilkes Barre PA 18702
ANDREWS, MD, Peter J FP
195 East Main Street
Wilkes Barre PA 18705
ANDRIOLE, MD, Gerald L U
219 West Diamond Avenue
Hazleton PA 18201
ANSELMI, MD, Lanning A FP
206 Carverton Road
Trucksville PA 18708
ANZALONE, MD, Angelo A EM
2445 Huntsville Road
Shavertown PA 18708
AUERBACH, MD, Herman L GE
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Hazleton PA 18201
BABULA, MD, Bruce E AN
47 Walden Drive
Mountain Top PA 18707
BAHNMILLER, MD, Edwin C FP
80 East Northampton Street
Wilkes Barre PA 18701
BAKER, MD, Thomas E CD
610 Wyoming Avenue
Kingston PA 18704
BALI, MD, Ajay K CD
306 Indian Creek Drive
Wilkes Barre PA 18702
BANERJI, MD, Barun ON
166 Hanover Street
Wilkes Barre PA 18702
BANERJI, MD, Sipra CLP
Seven North Market Street
Nanticoke PA 18634
BARRAS, MD, David I OTO
534 Wyoming Avenue
Kingston PA 18704
BENOIT, DO, Richard A IM
106 Davis Street
Trucksville PA 18708
BENOVITZ, MD, Burton S OBG
425 Tioga Avenue
Kingston PA 18704
BERLEY, MD, Benjamin S IM
28 Pierce Street
Kingston PA 18704
BESWICK, MD, David R GE
610 Wyoming Avenue
Kingston PA 18704
BILKO, MD, Thomas E ORS
Courthouse Square Towers
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BISCOTTI, MD, Mauer T IM
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BLAUM SR, MD, Louis C GS
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Sugar Notch PA 18706
BOBECK, MD, Joseph J FP
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Hazleton PA 18201
FERRARO, MD, Michael M OBG
425 Tioga Avenue
Kingston PA 18704
FESCINA, MD, Joseph V GYN
217 North Laurel Street
Hazleton PA 18201
FINO, MD, Gregory FP
Geisinger Family Practice
White Haven PA 18661
FOLDES, MD, Julius PTH
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Kingston PA 18704
FREIFELD, MD, Martin L OBG
480 Pierce Street
Kingston PA 18704
FRIED, MD, Martin B GE
Gastroenterology Consultants
Kingston PA 18704
FRIEDMAN, MD, Henry B GE
610 Wyoming Avenue
Kingston PA 18704
FRYE, MD, John W OBG
425 Tioga Avenue
Kingston PA 18704
FURNER, DO, Carl L IM
195 North Laurel Street
Hazleton PA 18201
GAIA, MD, Juan D DR
451 Third Avenue
Kingston PA 18704
GALLAGHER, MD, Henry G GP
35 Lake Street
Dallas PA 18612
GANDHI, MD, Harsh ON
1740 East Broad Street
Hazelton PA 18201
GAZEK, MD, Francisco A CD
20 North Laurel Street
Hazleton PA 18201
GAZOWSKI, MD, Thomas E US
82 Division Street
Kingston PA 18704
GIBBONS, MD, Robert J GS
629 West Diamond Avenue
Hazleton PA 18201
GIERING, MD, John F IM
550 Westmoreland Avenue
Kingston PA 18704
GIORDANO, MD, Nicholas D IM
200 Second Avenue
Kingston PA 18704
GOLDFEDER, MD, Warren J DR
372 Ramsey Road
Yardley PA 19067
GRABOWSKI, MD, Marie A PD
Six West Green Street
Nanticoke PA 18634
GRECO, MD, Victor F TS
Greco Medical Arts Bldg
Drums PA 18222
GREENWALD, MD, David W ON
382 Pierce Street
Kingston PA 18704

GRIESMER, MD, Paul D OBG
425 Tioga Avenue
Kingston PA 18704
GROSSMAN, MD, Ira C U
470 Wyoming Avenue
Kingston PA 18704
GUNDERSON, MD, Robert L ORS
1710 East Broad Street
Hazleton PA 18201
GUNSTER, MD, Gerald D OBG
425 Tioga Avenue
Kingston PA 18704
GUTTERMAN, MD, Paul NS
1740 East Broad Street
Hazleton PA 18201
HABER, MD, Arthur S R
214-19 Northeastern Bldg
Hazleton PA 18201
HAKKARINEN, MD, William D FP
540 Pierce Street
Kingston PA 18704
HANLON, MD, Paul A OBG
543 Westmoreland Avenue
Kingston PA 18704
HARRIS, MD, Harold J GP
228 South Franklin Street
Wilkes Barre PA 18701
HARRIS, MD, Howard Y PD
40 James Street
Kingston PA 18704
HARRIS, MD, Ronald I END
421 West Market Street
Kingston PA 18704
HAZLETT, MD, Jane OBG
480 Pierce Street
Kingston PA 18704
HAZLETT, MD, William H OBG
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Kingston PA 18704
HOLLERAN, MD, Bernard L IM
308 West Eighth Street
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Kingston PA 18704
HUDOCK JR, MD, George E PTH
51 East Valley View Drive
Courtdale PA 18704
HUGHES, MD, Paul J FP
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Kingston PA 18704
HUSAIN, MD, Zahid RHU
35 West Linden Street
Wilkes Barre PA 18702
IMBRIGLIA, MD, Joseph E HS
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Wilkes Barre PA 18702
IMPERIALE, MD, Salvatore M R
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Kingston PA 18704
JACOBS, MD, Irvin PD
Machell & Sterling Avenues
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JAMES, MD, Russell E FP
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Kingston PA 18704
JANERICH, MD, Albert D PM
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JANG, MD, Jang-Huei OTO
Hazleton National Bank Bldg
Hazleton PA 18201
JANJIGIAN, MD, Edward R N
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Kingston PA 18704
JIUNTA, DO, James M GP
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Wilkes Barre PA 18702
JOHNSON, MD, Dorothy E GP
25 West Ross Street
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JONES, MD, Robert T US
508 Foxwood Lane
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165 Carey Avenue
Wilkes Barre PA 18702
JULIUS, MD, Ernest L FP
245 East South Street
Wilkes Barre PA 18702
KADIS, MD, Milton H GP
210 Butler Street
Kingston PA 18704

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149 Dana Street
Wilkes Barre PA 18702
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601-605 Wyoming Avenue
Kingston PA 18704
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245 East South Street
Wilkes Barre PA 18702
KAO, MD, Yu Song N
166 Hanover Street
Wilkes Barre PA 18702
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18 Blackman Street
Wilkes Barre PA 18702
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200 South River Street
Plains PA 18705
KELLMAN, MD, Ian A DR
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39 La Salle Avenue
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Wilkes Barre PA 18701
KERRIGAN, DO, Patrick J GP
476 Hazle Avenue
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KERSTEEN EXEC DIR, DUANE E
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Nanticoke PA 18634
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Kingston PA 18704
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Hazleton PA 18201
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LUNG, MD, Richard J PS
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Kingston PA 18704
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Kingston PA 18704
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Wilkes Barre PA 18702
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32 West Main Street
Plymouth PA 18651
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MEYER, MD, Arthur N ON
401 Third Avenue
Kingston PA 18704
MICHELSTEIN, MD, Richard D GE
610 Wyoming Avenue
Kingston PA 18704
MITCHELL, MD, Arthur B FP
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Kingston PA 18704
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42 North Pioneer Avenue
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Wilkes Barre PA 18702
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Kingston PA 18704
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Kingston PA 18704
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R D 3
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Kingston PA 18704
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777 Wyoming Avenue
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ODONNELL, MD, George J PD
272 South River Street
Wilkes Barre PA 18702
OH, MD, Yong W PTH
106 Dina Avenue
Hazleton PA 18201
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Kingston PA 18704
OLSON, MD, Ronald A OPH
341 Wyoming Avenue
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ORLANDO, MD, Joseph D DR
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OUANO, MD, Romeo C DR
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Hazleton PA 18201
OWENS, MD, David E FP
44 Reynolds Street
Kingston PA 18704
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82 South Washington Street
Wilkes Barre PA 18701
PADEN, MD, Drue R FP
245 East South Street
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PANZER, MD, Glenn M FP
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Wilkes Barre General Hospital
Wilkes Barre PA 18764
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Kingston PA 18704
PATTERNAC, MD, Stephen T FP
301 Church Street
Kingston PA 18704

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Hazleton PA 18201
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171 Stanton Street
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PENUGONDA, MD, Dwaraki B PD
166 Hanover Street
Wilkes Barre PA 18702
PENUGONDA, MD, Haragopal S U
35 West Linden Street
Wilkes Barre PA 18702
PERKINS, MD, Charles G FP
260 Toftrees Avenue
State College PA 16803
PETERS JR, MD, Robert H GP
974 Kasko Road
Shavertown PA 18708
PILAREK, MD, Valentine F GP
40 North Market Street
Nanticoke PA 18634
PISZCZEK, MD, Joseph E IM
72 East Main Street
Plymouth PA 18651
POLIDORA, MD, Frank C ORS
1710 East Broad Street
Hazleton PA 18201
POSATKO, MD, Peter C GP
52 Hudson Road
Plains PA 18705
POTERA, MD, Leo P IM
245 East South Street
Wilkes Barre PA 18702
POTORSKI, MD, Robert D J IM
36 East Oak Street
Pittston PA 18640
PRAKASH, MD, Murthappa N CD
1730 East Broad Street
Hazleton PA 18201
PRASAD, MD, Shishir C GS
1099 South Township Blvd
Pittston PA 18640
PRATER, MD, John M FP
540 Pierce Street
Kingston PA 18704
PRAWDZIK, MD, Leocadia T IM
20 North Laurel Street
Hazleton PA 18201
PRESPER, MD, John H NS
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Wilkes Barre PA 18702
PUGLIESE, MD, Joseph F OPH
601-605 Wyoming Avenue
Kingston PA 18704
PUMA, MD, Samuel J GS
44 West Bennett Street
Kingston PA 18704
PUTPRUSH, MD, Joseph R PTH
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Wilkes Barre PA 18711
QUERCI, DO, John C IM
1825 Wyoming Avenue
Exeter PA 18643
RACHO, MD, George J OTO
22 North Church Street
Hazleton PA 18201
RAFTIS, MD, John T PM
35 West Linden Street
Wilkes Barre PA 18702
RAKLEWICZ, MD, Michael C ORS
Courthouse Square Towers
Wilkes Barre PA 18702
REICH, MD, Sylvia R GP
171 Wyoming Avenue
Wyoming PA 18644
RIMPLE, MD, David F CD
610 Wyoming Avenue
Kingston PA 18704
RIOFSKI, MD, Anthony F A
1340 North Washington Street
Wilkes Barre PA 18705
RIZZARDI, MD, Roger N EM
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109 South Franklin Street
Wilkes Barre PA 18701
ROBINSON, MD, Joseph PD
47 Pierce Street
Kingston PA 18704
RODA, MD, Paul I HEM
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Hazleton PA 18201
RODRIGO, MD, Concepcion V IM
1333 East Broad Street
Hazleton PA 18201
ROE, MD, Robert E OBG
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RUMBAUGH, MD, Marshall U U
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Kingston PA 18704
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166 Hanover Street
Wilkes Barre PA 18702
SAIDMAN, MD, Lester M FP
35 West Linden Street
Wilkes Barre PA 18702
SALAZAR, MD, Pedro A U
54 North Locust Street
Hazleton PA 18201
SAMII, MD, Abdol H N
10 West Dorrance Street
Kingston PA 18704
SANDS, MD, David PD
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Kingston PA 18704
SANDS, MD, Jeffrey J NEP
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SARAS, MD, Peter L IM
101 South Laurel Street
Hazleton PA 18201
SAVAGE, MD, Donald J OPH
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Kingston PA 18704
SAVAGE, MD, Peter J GP
28 Center Avenue
Plymouth PA 18651
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SCHADE, MD, John F GS
271 North Cedar Street
Hazleton PA 18201
SCHEERS, MD, George F OBG
101 West Broad Street
Hazleton PA 18201
SCHIOWITZ, MD, Albert GS
35 West Linden Street
Wilkes Barre PA 18702
SCHIOWITZ, MD, Mark F GS
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218 West Tenth Street
Hazleton PA 18201
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Divine Providence Hospital
Williamsport PA 17701
AMSLER JR, MD, Fred R ORS
1711 Pentridge Cove
Williamsport PA 17701
ANDO, MD, Teodoro A AN
1352 Adele Road
Montoursville PA 17754
ANGLE, MD, William D OPH
1822 Homewood Avenue
Williamsport PA 17701
ARGUE, MD, Stephen H FP
911 Second Avenue
Williamsport PA 17701
BALLENTINE, MD, George N OBG
R D 3
Muncy PA 17756
BASTIAN, MD, James R OPH
1001 Grampian Blvd
Williamsport PA 17701
BEALL, MD, Sandra C PD
904 Campbell Street
Williamsport PA 17701
BECKLEY, MD, Robert F R
535 Guardlock Drive
Lock Haven PA 17745
BEDNARZ, MD, Wallace W R
1527 Harding Avenue
Williamsport PA 17701
BELLES, MD, Terry A FP
145 Shaffer Street
Williamsport PA 17701
BELTZ, MD, William R GS
1205 Grampian Blvd
Williamsport PA 17701
BERGER, MD, Gary W PM
Main Street
Hughesville PA 17737
BINDER, MD, Mitchell J HEM
1100 Grampian Blvd
Williamsport PA 17701
BLOISO, MD, Glenn T U
1201 Grampian Blvd
Williamsport PA 17701
BLOM, MD, Bohen M F PTH
R D 3 Maddon Heights
Montoursville PA 17754
BLOM, MD, Johannes ND
1100 Grampian Blvd
Williamsport PA 17701
BLUMBERG, MD, Alexander W PD
923 Campbell Street
Williamsport PA 17701
BONNER, MD, Robert A OPH
2200 Grampian Blvd
Williamsport PA 17701
BOZIC, MD, Albert F OPH
57 East Fourth Street
Williamsport PA 17701
BRICKHOUSE, MD, Herman M P
414 West Fourth Street
Williamsport PA 17701
BUMAGIN, MD, Michael S PS
425 Market Street
Williamsport PA 17701
BURKS, MD, John M CD
777 Rural Avenue
Williamsport PA 17701
BUTKIEWICZ, MD, Bernard L DR
1505 Ritchey Street
Williamsport PA 17701
BUZZERD, MD, Harry W OTO
760 Glenwood Avenue
Williamsport PA 17701
BYLER, MD, Philip R FP
1205 Grampian Blvd
Williamsport PA 17701
CALCE, MD, John V NM
1100 Grampian Blvd
Williamsport PA 17701
CALDER JR, MD, Joseph R IM
777 Rural Avenue
Williamsport PA 17701
CALLENBERGER, MD, EM
George J
52 South Main Street
Hughesville PA 17737
CAMPANA, MD, Joseph F OTO
151 East Third Street
Williamsport PA 17701
CAMPANA, MD, Louis F GYN
107 Sixth Street
Williamsport PA 17701
CICCARELLI, MD, Lee M IM
138 West Fourth Street
Williamsport PA 17701
CIPOLLA, MD, Charles F GS
201 East Third Street
Williamsport PA 17701
COFFMAN, MD, Kaohlin M EM
R D 4 Box 634
Montoursville PA 17754
COHEN, MD, Edwin E GS
1001 Grampian Blvd
Williamsport PA 17701
COLE, MD, Charles E P
699 Rural Avenue
Williamsport PA 17701
COLLINS, MD, Leonard R OBG
528 West Fourth Street
Williamsport PA 17701
CONWAY, MD, Cyril F OBG
1300 Woodmont Avenue
Williamsport PA 17701
COOPER, MD, Kenneth L OBG
528 West Fourth Street
Williamsport PA 17701
COZINE, MD, Richard A OPH
1420 Campbell Street
Williamsport PA 17701
DOUGLAS, MD, Donald D GE
1205 Grampian Blvd
Williamsport PA 17701
DURRWACHTER, MD, Robert J GP
R D 2
Montoursville PA 17754
ECKER JR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
ECKER SR, MD, Herbert A PS
420 West Fourth Street
Williamsport PA 17701
EISTER, MD, Ronald N FP
1001 First Avenue
Williamsport PA 17701
ENGLISH, MD, Joseph G EM
324 Tinsman Avenue
Williamsport PA 17701
ERTEL, MD, D Gregory GE
1205 Grampian Blvd
Williamsport PA 17701
ESHLEMAN, DO, Jere R FP
2105 West Fourth Street
Williamsport PA 17701
FAJARDO, MD, Arturo A R
1035 Canterbury Road
Williamsport PA 17701
FAMORCA, MD, Florentino P GS
1016 Washington Blvd
Williamsport PA 17701
FENNER, MD, Henry E PTH
601 South Main Street
Muncy PA 17756
FERNANDEZ, MD, Eduardo I AN
R D 3 Box 340
Montoursville PA 17754
FINN, MD, David R PUD
777 Rural Avenue
Williamsport PA 17701
FINN, MD, Martha J B IM
904 Campbell Street
Williamsport PA 17701
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P O Box 175
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2263 Fox Street
Williamsport PA 17701
FORCEY, MD, Lloyd R GP
116 Kerr Avenue
Jersey Shore PA 17740
FORD, MD, William T D
Pc16B Marlin Lane
Key Largo FL 33037
FORKER, MD, Thomas S FP
990 Thompson Street
Jersey Shore PA 17740
FREYNIK, MD, Joseph G FP
699 Rural Avenue
Williamsport PA 17701
FRIES, MD, Gene T PTH
777 Rural Avenue
Williamsport PA 17701
FUNK JR, MD, F Coleman FP
R D 5
Muncy PA 17756
GANDY, DO, Daniel R NEP
1205 Grampian Blvd
Williamsport PA 17701
GEHRON JR, MD, William H U
747 Arch Street
Williamsport PA 17701
GEORGY, MD, Farouk M OBG
528 West Fourth Street
Williamsport PA 17701
GILMORE, MD, Ina M IM
P O Box 423
Muncy PA 17756
GINTER JR, MD, George C AN
R D 5 Box 256
Williamsport PA 17701
GO, MD, Alfonzo H L AN
R D 2 Box 105-B
Montoursville PA 17754
GOULDIN, MD, Judith A NM
Williamsport Hospital
Williamsport PA 17701
GRABOYES, MD, Arnold B IM
Williamsport Hospital
Williamsport PA 17701
GREEN, MD, Michael R PUD
301 North 11th Street
Sunbury PA 17801
GREENE, MD, Donald H ORS
1020 Thompson Street
Jersey Shore PA 17740
HAMM, MD, William G EM
2440 Blair Street
Williamsport PA 17701
HAMOY, MD, Alice G IM
116 Kerr Street
Jersey Shore PA 17740
HAMOY, MD, George L EM
R D 2 Box 870
Jersey Shore PA 17740
HARRISON, MD, James L CDS
699 Belmont Avenue
Williamsport PA 17701
HARTZ, MD, Leo M FP
27 South Washington Street
Muncy PA 17756
HAYES, MD, Warren H FP
2116 West Fourth Street
Williamsport PA 17701
HEERE, MD, Barbara A IM
1505 Ritchey Street
Williamsport PA 17701
HEINBACH JR, MD, Robert A OBG
1201 Woodmont Avenue
Williamsport PA 17701
HENDERSON, MD, K Wayne ND
1205 Grampian Blvd
Williamsport PA 17701

HERBST, MD, Vincent P D
R D 2
Watsontown PA 17777
HEYMAN, MD, David Coleman AN
862 Rural Avenue
Williamsport PA 17701
HILL, MD, Daniel E CLP
Williamsport Hospital
Williamsport PA 17701
HIPPLE, MD, Randall F OBG
528 West Fourth Street
Williamsport PA 17701
HOFSTROM, MD, Glen T FP
145 Shaffer Street
Williamsport PA 17701
HONG, MD, Soo W OTO
699 Rural Avenue
Williamsport PA 17701
HURST, MD, Kenneth L FP
1205 Grampian Blvd
Williamsport PA 17701
JACQUES, MD, Charles H FP
1626 Elliott Street
Williamsport PA 17701
JENNINGS, MD, David T OPH
1510 Elliott Street
Williamsport PA 17701
JOHN EXEC DIR, PAUL P
2895 Euclid Avenue
Williamsport PA 17701
JONES, MD, Michael W FP
2034 Lycoming Creek Road
Williamsport PA 17701
JONES JR, MD, John H GS
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Williamsport PA 17701
JUDSON, MD, Susan C HEM
R D 3 Box 136
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Williamsport PA 17701
KAAR, MD, Richard C GP
603 Center Street
Milton PA 17847
KAISER, MD, Ralph H PD
2430 Sheridan Street
Williamsport PA 17701
KEATING, MD, Edward C CD
777 Rural Avenue
Williamsport PA 17701
KIM, MD, Il G GS
R D 1 Medical Arts Bldg
Hughesville PA 17737
KOLB, MD, Aaron J FP
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Williamsport PA 17701
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R D 3 Box 153
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Williamsport PA 17701
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Williamsport PA 17701
LATTIMER, MD, Gary L ID
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Williamsport PA 17701
LEBER, MD, Paul E EM
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Williamsport PA 17701
LECHNER, MD, Frederic C IM
331 Center Street
Williamsport PA 17701
LIDDELL, MD, Albert G ORS
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Williamsport PA 17701
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Williamsport PA 17701
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Williamsport PA 17701
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1205 Grampian Blvd
Williamsport PA 17701
MIDMORE, MD, John S PM
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Williamsport PA 17701
MILLER, MD, Earl R OS
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S Williamsport PA 17701
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Willaimsport PA 17701
MONTAGUE, MD, James W FP
R D 1
Montoursville PA 17754
MORENO, MD, Manuel V AN
Divine Providence Hospital
Williamsport PA 17701
MOSER, MD, Edward N GS
699 Rural Avenue
Williamsport PA 17701
MURPHY, MD, Edith L OS
2609 Waldman Drive
Williamsport PA 17701
NAGEL, MD, David B TR
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Williamsport PA 17701
NAGPAL, MD, Naresh C GS
27 South Washington Street
Muncy PA 17756
NAIDU, MD, Jai P PD
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Williamsport PA 17701
NELSON, MD, Philip K OBG
4930 Windsor Park
Sarasota FL 33580
NIELSEN, MD, R Craig FP
736 High Street
Williamsport PA 17701
NIERLE, MD, Richard H GP
95 East Houston Avenue
Montgomery PA 17752
OLINSKY, MD, Stuart M N
425 Market Street
Williamsport PA 17701
PAGANA, MD, Timothy J ON
1205 Grampian Blvd
Williamsport PA 17701
PARK, MD, Young W PM
777 Rural Avenue
Williamsport PA 17701
PATEL, MD, Harshad R R
1100 Grampian Blvd
Williamsport PA 17701
PECK, MD, William J FP
145 Shaffer Street
Williamsport PA 17701
PEPPERMAN, MD, Larue E EM
807 Grampian Blvd
Williamsport PA 17701
PETERS II, MD, C A P FP
Five English Hill R D 3
Cogan Station PA 17728
PFEIL, MD, Russell W GP
264 Broad St
Montoursville PA 17754
POLIS, MD, Mark J U
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Williamsport PA 17701
POPHAL, MD, Mahlon J PTH
1495 Princeton Avenue
Williamsport PA 17701
POWERS JR, MD, Francis M TR
1100 Grampian Blvd
Williamsport PA 17701
QUERIMIT, MD, Jorge A GS
699 Rural Avenue
Williamsport PA 17701
RAJJOUB, MD, Rodwan K NS
699 Rural Avenue
Williamsport PA 17701
RANNELS, MD, Herman W OS
R D 1 Box 45-A
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REDDY, MD, Rajidi M CD
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Muncy PA 17756
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Williamsport PA 17701
REIS, MD, Paul B TS
1001 Grampian Blvd
Williamsport PA 17701
RODGERS, MD, Charles J GP
511 West Fourth Street
Williamsport PA 17701

SALVATORE, MD, Michael A PUD
215 Grampian Blvd
Williamsport PA 17701
SANFORD, MD, Frederic E OS
625 Harding Avenue
Williamsport PA 17701
SCHOPFER, MD, Ralph E AN
712 Vallamont Drive
Williamsport PA 17701
SCHWARTZ, MD, Sheldon M PTH
777 Rural Avenue
Williamsport PA 17701
SCHWEIKLE, MD, Mary R GE
1205 Grampian Blvd
Williamsport PA 17701
SERVOSS, MD, Spencer J U
17 Round Hill Road
Williamsport PA 17701
SHAFIQUE, MD, Mohammad CD
1201 Grampian Blvd
Williamsport PA 17701
SHAW, MD, Gordon A DR
Williamsport Hospital
Williamsport PA 17701
SHEARER, MD, Donald E GP
217 Broad Street
Montoursville PA 17754
SHENBERGER, MD, Keith N RHU
904 Campbill
Williamsport PA 17701
SHU, MD, Chia S OBG
1205 Grampian Blvd
Williamsport PA 17701
SINCLAIR, MD, Sydney E OS
608 Highland Terrace
Williamsport PA 17701
SOMERS, MD, William R IM
1205 Grampian Blvd
Williamsport PA 17701
SORBER, MD, William A IM
211 East Water Street
Muncy PA 17756
SOUNDARARAJAN, MD, GS
Ranganatha
904 Campbell Street
Williamsport PA 17701
SPINNEY, MD, Carmen E IM
Box A
Avis PA 17721
SRINIVASAN, MD, Venkatraman CD
1205 Grampian Blvd
Williamsport PA 17701
STEWART, MD, James A FP
65 North Main Street
Montgomery PA 17752
STONE, MD, Walker H GS
989 Country Club Drive
Williamsport PA 17701
STORY, MD, Nancy S FP
1201 Grampian Boulevard
Williamsport PA 17701
STRALEY, MD, Richard K ORS
1201 Grampian Blvd
Williamsport PA 17701
STRYKER, MD, Allan K PS
425 Market Street
Williamsport PA 17701
SUTER, MD, Harry J CD
699 Rural Avenue
Williamsport PA 17701
TAYLOR, MD, Arthur R FP
777 Rural Avenue
Williamsport PA 17701
TIGNOR, MD, Richard F OPH
699 Rural Avenue
Williamsport PA 17701
TOBIAS, MD, Richard B GER
1615 Riverside Drive
Williamsport PA 17701
TOBIASZ, MD, Christopher CD
1205 Grampian Blvd
Williamsport PA 17701
TODHUNTER, MD, William D GS
1201 Grampian Boulevard
Williamsport PA 17701
TUFFAHA, MD, Hani J NS
904 Campbell Street
Williamsport PA 17701
UPDEGROVE, MD, Robert A OTO
1201 Grampian Blvd
Williamsport PA 17701
VANDERLIN, MD, Robert L US
904 Campbell Street
Williamsport PA 17701
VASUDEVAN, MD, Raghavan CD
1001 Grampion Blvd
Williamsport PA 17701
VOSK, MD, Arno D EM
1127 Vallamont Drive Nw
Williamsport PA 17701
WADE, MD, Franklin G GS
1305 Campbell Street
Williamsport PA 17701
WAGNER, MD, W John GP
217 Broad Street
Montoursville PA 17754
WASILEWSKI JR, MD, Charles L D
1201 Grampian Blvd
Williamsport PA 17701
WEANER JR, MD, Howard H FP
11 North Main Street
Montgomery PA 17752

WEAVER, MD, Don K PTH
777 Rural Avenue
Williamsport PA 17701
WETSTONE, MD, Jeffrey B FP
699 Rural Avenue
Williamsport PA 17701
WILCOX, MD, Wilfred W GP
531 Broad Street
Montoursville PA 17754
WILLIAMS, MD, A Claude P
R 915 Fifth Avenue
Williamsport PA 17701
WILLIAMS, MD, Robert H PD
699 Rural Avenue
Williamsport PA 17701
WILLIAMSON, MD, Neihl J FP
R D 4 Box 106b
Jersey Shore PA 17740
WINTER 2ND, MD, John C A
416 Pine Street
Williamsport PA 17701
WITTHOFF JR, MD, Elmer M FP
306 Allegheny Street
Jersey Shore PA 17740
WOLFE, MD, Daniel E R
800 Grampian Blvd
Williamsport PA 17701
WOROBEC, MD, Russell N ORS
1201 Grampian Blvd
Williamsport PA 17701
YASUI, MD, Robert S GS
1001 Grampian Blvd
Williamsport PA 17701
YEALY, MD, W Holmes DR
R D 4 Box 610
Muncy PA 17756
YOON, MD, Chan R
1100 Grampian Blvd
Williamsport PA 17701
ZELLER, MD, Robert G DR
316 West Fourth Street
Williamsport PA 17701

MCKEAN

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64 Walker Avenue
Bradford PA 16701
BENTZ, MD, Charles R GP
Two Thompson Pike
Kane PA 16735
BOWMAN JR, MD, Douglas F GP
P O Box 443
Smethport PA 16749
BRODIS, MD, Walter E IM
Hooker Fulton Building
Bradford PA 16701
DEE, MD, Cecilio C PTH
Bradford Hospital
Bradford PA 16701
FOKSTUEN, MD, Terje S P
137 North Bennett Street
Bradford PA 16701
GUENTER, MD, Fritz E ABS
Temple Club Bldg
Smethport PA 16749
HAMIDI, MD, Jafar A OBG
199 Pleasent Street 21
Bradford PA 16701
HENRY, MD, Walter J OBG
7344 East Rose Lane
Scottsdale AZ 85253
IBANEZ, MD, Melchisedec GS
35 Hemlock Avenue
Kane PA 16735
IRWIN JR, MD, Glenn E EM
Bradford Hospital
Bradford PA 16701
JAMIL, MD, Qazi A US
Medical Arts Bldg
Bradford PA 16701
JUNG, MD, Tinliung OBG
Medical Arts Bldg
Bradford PA 16701
KONWINSKI, MD, Edward S GS
305 Hooker Fulton Bldg
Bradford PA 16701
MCELLIGOTT, MD, James B R
3035 West Washington Street
Bradford PA 16701
MCNEIL, MD, John AN
Bradford Hospital
Bradford PA 16701
MEDDEN, MD, Edwin J GS
125 Main Street
Bradford PA 16701
NADELLA, MD, V Rao EM
Bradford Hospital
Bradford PA 16701
NAYAK, MD, Narayan PD
Medical Arts Building
Bradford PA 16701
OCAMPO, MD, Renato G GS
South Edgar Street
Kane PA 16735
OLSON, MD, Dennis A FP
103 Pine Avenue
Kane PA 16735
OSBORNE, MD, David P GS
R D 1 Back Acres
Smethport PA 16749

PRADHAN, MD, Anil G PD
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Bradford PA 16701
ROCHE JR, MD, Edward J FP
Rm 406 Hooker Fulton Bldg
Bradford PA 16701
SANKARI, MD, Muhammed A GS
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Bradford PA 16701
SAQUIN, MD, Raineldo C PTH
103 Hemlock Avenue
Kane PA 16735
SARAJEDINI, MD, Hossain U
42 Parkway Lane
Bradford PA 16701
SCHECTER, MD, Benjamin C GS
Bush Drive
East Stroudsburg PA 18301
SHELLEY, MD, Mark H FP
R D 1
Port Allegany PA 16743
SICHER, MD, Bruno P FP
133 Biddle Street
Kane PA 16735
SILVERSTINE, MD, Leslie B PD
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Bradford PA 16701
STILL, MD, George J CD
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Bradford PA 16701
VALDES, MD, Conrado A AN
Community Hospital
Kane PA 16735
WATKINS, MD, Donald R GS
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Bradford PA 16701
WITHERSPOON, MD, Myra A EM
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New Castle DE 19720

MERCER

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Sharon PA 16146
AYE, MD, J Thomas ORS
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Sharon PA 16146
AYULO, MD, Marco A IM
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Howland OH 44484
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Hermitage PA 16148
BAKER, MD, Robert H ORS
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Greenville PA 16125
BASHLINE, MD, Don L GS
Grove Cty Hosp Med Bld 1
Grove City PA 16127
BASHLINE, MD, H Woodrow GP
R D 1
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BATAILLE, MD, Jacques A IM
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Hermitage PA 16148
BECK, MD, Donald E OBG
90 Shenango Street
Greenville PA 16125
BEH, MD, Walter P U
81 North Main Street
Greenville PA 16125
BEHRENDT, MD, Richard P OBG
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Butler PA 16001
BERMUDEZ, MD, Armand J PUD
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Hermitage PA 16148
BOLOTIN, MD, Joseph H IM
1126 East State Street
Sharon PA 16146
BREVETTA, MD, Richard J OPH
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Sharon PA 16146
BROWN, MD, Matthew G FP
Medical Arts Building
Sharon PA 16146
BROWN, MD, William E OTO
1260 East State Street
Sharon PA 16146
BUISER, MD, Rodolfo A EM
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CHATHA, MD, Iftikhar A FP
Hermitage Square Prof Bldg
Hermitage PA 16148
COCCO, MD, Alex M GS
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Grove City PA 16127
COHEN, MD, Donald L PTH
Sharon General Hospital
Sharon PA 16146

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Sharon PA 16146
CONNELLY, MD, Michael E CRS
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Sharon PA 16146
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Grove City PA 16127
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Greenville PA 16125
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Sharon PA 16146
FILE, MD, James C GP
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Sharon PA 16146
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GOODPASTOR, MD, William E P
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Sharon PA 16146
GREENBURG, MD, Morren J FP
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Sharon PA 16146
HAM, MD, Tong H FP
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Sharon PA 16146
HARRER JR, MD, William J EM
1109 Highland Road
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HAWKINS, MD, Roger A PTH
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Greenville PA 16125
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32 Jefferson Avenue
Sharon PA 16146
JONES, MD, Tom B DR
104 Mehard Avenue
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LIMKAKENG, MD, Alexander D U
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LUCHETTE, MD, Albert A GS
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Sharon PA 16146
MADURA, MD, Joseph R GP
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Farrell PA 16121
MARCELLI, MD, Gene A GS
32 Jefferson Street
Sharon PA 16146
MARTSOLF, MD, Robert H FP
912 East State Street
Sharon PA 16146
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MCWHIRTER, MD, William R ORS
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Greenville PA 16125
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MENZIES JR, MD, William C FP
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Mercer PA 16137
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MOONDA, MD, Gulamhusain U
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Greenville PA 16125
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266 Clinton Street
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Sharon PA 16146
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POSNEY, MD, Joseph J R
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Sharon PA 16146
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FUNKHOUSER, MD, George R R
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Danville PA 17822
GALLAGER, MD, James G ON
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GARBES, MD, Archimedes D PTH
Geisinger Medical Center
Danville PA 17822
GATSKI, MD, Robert L P
310 East Market Street
Danville PA 17821
GERIG, MD, John S NEP
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GHOSH, MD, Tarit K GYN
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GIBSON, MD, Elizabeth L PD
123 East Market Street
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GIBSON, MD, Keith FP
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Danville PA 17821
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GLUSCIC, MD, John J ORS
213 West Third Street
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GREENWOOD, MD, Steven M PTH
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HADDAD, MD, Robert M IM
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HAMILTON, MD, Wade T PDC
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Danville PA 17821
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MARTIN, MD, J Scott NS
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MARTIN, MD, Thomas J PD
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BECK, MD, Christine H PM
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Easton PA 18042
BECKER, MD, Martin S OBG
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Easton PA 18042
BHATT, MD, Mukesh D PM
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BIGGS, DO, Robert H CD
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BIRO JR, MD, Frank OBG
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201 North Second Street
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ZAFAR, MD, Ghaffar A PD
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CUBE, MD, Henry M NS
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Somerset PA 15501
DEVRIES, MD, Jan R J FP
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Boswell PA 15531
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Somerset PA 15501
HAY, MD, Harold S GP
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131 Meyers Avenue
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Tidioute PA 16351
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DECOSMO, MD, Vincent J FP
221 West Loyalhanna Street
Ligonier PA 15658
DEFRANCESCO, MD, Charles A AN
Westmoreland Hospital
Greensburg PA 15601
DEGREGORY, DO, Thomas R FP
559 Shearer St
Greensburg PA 15601
DEJESUS, MD, Robert GE
545 Rugh Street
Greensburg PA 15601
DEMEZZA, MD, Angelo IM
401 Pellis Road
Greensburg PA 15601
DEMILIO, MD, Terrance A FP
330 Weldon Street
Latrobe PA 15650
DESAI, MD, Bharati P PD
Huntingdon Place
Mount Pleasant PA 15666
DESAI, MD, Praful V U
Huntingdon Place
Mount Pleasant PA 15666
DESIMONE, MD, John S FP
Greenview Arms Apartments
Greensburg PA 15601
DIBAGNO, MD, Geno J R
R D 6 Box 130-C
Greensburg PA 15601
DIDDLE, MD, Kenneth W CD
601 Michigan Avenue
Jeannette PA 15644
DOHERTY, MD, Joseph C GP
712 Brinker Avenue
Latrobe PA 15650
DONCASTER, MD, Richard M HS
R1 K2 Kinnaird Point
Worton MD 21678
DONOVAN, MD, Byron L AN
R D 5 Box 87b
Titusville PA 16354
DOTTERWAY, MD, Blanche E GP
37 Avenue A
Latrobe PA 15650
DULL, MD, James A GS
559 Shearer Street
Greensburg PA 15601
EGLESTON, MD, L Allan GS
Norvelt Medical Center
Norvelt PA 15674
EISEMAN JR, MD, Paul C ORS
P O Box 27
Latrobe PA 15650
EL-ATTRACHE, MD, Mamdouh F FP
Orchard Hill
Mount Pleasant PA 15666
ELATTRACHE, MD, Selim ORS
606 South Church Street
Mount Pleasant PA 15666
ELHILLAL, MD, Mohammad F GS
101 Lincoln Way West
Jeannette PA 15644
ELIAS, MD, Farid J GS
905 Spruce Street
Irwin PA 15642
EVANS, MD, Terry L HEM
559 Shearer Street
Greensburg PA 15601
FLANNAGAN, MD, Samuel W OBG
600 Ligonier Street
Latrobe PA 15650
FLEEGLER, MD, Saul M IM
Craigdell Road
New Kensington PA 15068
FLORENTIN, MD, Heriberto M OBG
301 Brimstone Bldg
Connellsville PA 15425
FONG, MD, Jake FP
35 Fairway Drive
Greensburg PA 15601
FOSTER, MD, Walter D R
Maplewood Terrace
Greensburg PA 15601
FREEDBERG, MD, Lawrence E U
600 Ligonier Street
Latrobe PA 15650
FRIEDMAN, MD, Bart J R
Citizens General Hospital
New Kensington PA 15068
FRONDUTI, MD, Lucian J GS
906 Heritage House
Madeira Beach FL 33708
FUSIA JR, MD, Donald A IM
448 Ridge
New Kensington PA 15068
GALL, MD, Joseph A HEM
559 Shearer Street
Greensburg PA 15601
GAVIN, MD, George M FP
220 Orchard Drive
Latrobe PA 15650
GENATO, MD, Jaime M EM
1330 Dellview Drive
Greensburg PA 15601
GERGER, MD, Joseph P FP
601 Michigan Avenue
Jeannette PA 15644

GESSNER, MD, Thomas P PD
1100 Ligonier Street
Latrobe PA 15650
GIBSON, MD, F Clay GP
918 Fairmont Street
Latrobe PA 15650
GIBSON, MD, Ken FP
Carriage House #4
Latrobe PA 15650
GILLESPIE, MD, Harry K PD
1825 Pennsylvania Avenue
Irwin PA 15642
GLASSER, MD, Stuart A D
859 South Main Street
Greensburg PA 15601
GOLDSTROHM, MD, Gregg L ORS
Corner Spring & Shearer Sts
Greensburg PA 15601
GORDON, MD, Harold E PTH
117 South St Clair Street
Ligonier PA 15658
GORDON, MD, Milton S GP
622 Fourth Avenue
New Kensington PA 15068
GRABIAK, MD, Gregory D OTO
Central Medical Arts Building
Greensburg PA 15601
GUPTA, MD, Krishna G U
245 Elm Tree Road
New Kensington PA 15068
HAAS, MD, Donald D DR
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Greensburg PA 15601
HANES, MD, Kenneth F GP
212 South Fourth Street
West Newton PA 15089
HANNA, MD, Salah G GP
698 Pittsburgh Street
Springdale PA 15144
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HARTMAN, MD, H King OPH
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HATTOUM, MD, Pittagore OBG
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North Huntingdon PA 15642
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1814 Southeast 15th Terrace
Cape Coral FL 33904
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Latrobe PA 15650
HECK, MD, Christopher C FP
135 East Market Street
Blairsville PA 15717
HERRON, MD, Eugene W FP
P O Box D
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HERSHOCK, MD, Bruce A ORS
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Latrobe PA 15650
HOFFMAN, MD, William J DR
Latrobe Area Hospital
Latrobe PA 15650
HOLST, MD, Robert A NS
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Latrobe PA 15650
HOSSAIN, MD, Ayesha FP
72 Briarwood Drive
Jeannette PA 15644
HOUSTON, MD, James L GYN
344 Freeport Street
New Kensington PA 15068
HUGHES, MD, William M CD
102 North Third Street
West Newton PA 15089
HUNTER, MD, George R IM
610 Jefferson Avenue
Jeannette PA 15644
ICLI, MD, Nadir AN
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Greensburg PA 15601
IDUCOVICH, MD, Nicholas OS
1103 Hawthorne Place
New Kensington PA 15068
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209 N First St
Jeannette PA 15644
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502 Depot Street
Latrobe PA 15650
JANA, MD, Barid B GS
261 East Crawford Avenue
Connellsville PA 15425
JAVAN, MD, Mehdi B GS
636 Fourth Avenue
New Kensington PA 15068
JETTER, MD, Walter W PTH
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Greensburg PA 15601
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KAUR, MD, Prakash PD
311 Seventh Street
New Kensington PA 15068
KAZANGY, MD, Falih R IM
512 South Center Avenue
New Stanton PA 15672
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Greensburg PA 15601
KECK, MD, William S OPH
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Greensburg PA 15601
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KETTERING, MD, Donald L PUD
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Greensburg PA 15601
KHALIL, MD, Karim OBG
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KIM, MD, Dong H GS
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Jeannette PA 15644
KIM, MD, Yong II AN
Frick Community Health Center
Mount Pleasant PA 15666
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West Newton PA 15089
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KUMAR, MD, V Rama FP
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Youngwood PA 15697
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Jeannette PA 15604
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Youngwood PA 15697
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562 Shearer Street
Greensburg PA 15601
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175 Hawksworth Road
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Jeannette PA 15644
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408 Clay Avenue
Jeannette PA 15644
MONSOUR, MD, William J CD
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MONTALBO, MD, Serafin A GP
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Monroeville PA 15146
MOON, MD, Sung B AN
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Jeannette PA 15644
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Greensburg PA 15601
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Latrobe PA 15650
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117 Liberty Avenue
Belle Vernon PA 15012
NICOLETTE JR, MD, Anthony J DR
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NIKOULA, MD, Jawdat A FP
255 Maple Drive
Greensburg PA 15601
NINO, MD, Raymond F FP
102 Woodhaven Drive
Jeannette PA 15644
NSEIR, MD, Nawaf I NEP
562 Shearer Street
Greensburg PA 15601
OBER, MD, Henry E GP
206 Westmoreland Avenue
Greensburg PA 15601
OLIVER, MD, Orlando P GP
111 Second Street
Derry PA 15627
OSKIN, MD, Hilbert E P
Latrobe Area Hospital
Latrobe PA 15650
OVERLY, MD, Wylie L IM
1100 Ligonier Street
Latrobe PA 15650
OWEIDA, MD, Nizar N GS
638 Fourth Avenue
New Kensington PA 15068
PAE, MD, Dong W FP
606 Oak Street
Irwin PA 15642
PANTALONE, MD, Frank A ORS
797 East Pittsburgh Street
Greensburg PA 15601
PARK, MD, Byung S IM
503 West Newton Street
Greensburg PA 15601
PARKER, MD, John S IM
1100 Ligonier Street
Latrobe PA 15650
PATEL, MD, Mohan M IM
139 Washington Avenue
Vandergrift PA 15690
PATHEJA, MD, Jotinder K TR
Monongahela Valley Hospital
Monongahela PA 15063
PERRONE JR, MD, Frank P GS
559 Shearer Street
Greensburg PA 15601
PETERSON JR, MD, Jay B ORS
28 Windihill Drive
Greensburg PA 15601
PETRICK, MD, Thomas P GS
11 North Ligonier Street
Latrobe PA 15650
PIERCE, MD, Leslie S IM
217 South Pennsylvania Avenue
Greensburg PA 15601
PIFFERETTI, MD, Thomas W FP
R D 1
New Stanton PA 15672
PLUMMER, MD, Lloyd G OBG
559 Shearer Street
Greensburg PA 15601
PLUNDO, DO, Gary P FP
516 Pellis Road
Greensburg PA 15601
PLUNDO, DO, Larry J GP
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3348 Sardis Road
Murrysville PA 15668
POOLE, MD, Jay H FP
Mount View Medical Care
Greensburg PA 15601
PRITTS, MD, Rose M IM
545 Rugh Street
Greensburg PA 15601
PROMUBOL, MD, Yuwaree OBG
618 Jefferson Avenue
Jeannette PA 15644
RASHID, MD, Shaik A DR
129 Regal Court
Monroeville PA 15146
RATHGEB, MD, John M ORS
562 Shearer Street
Greensburg PA 15601
REEL, MD, Charles M OPH
362 Freeport Street
New Kensington PA 15068
REILLY JR, MD, Philip J GP
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RELIGIOSO, MD, Eloisa P PD
610 Jefferson Avenue
Jeannette PA 15644
RELIGIOSO, MD, Erson L IM
610 Jefferson Avenue
Jeannette PA 15644
REYNA, MD, Oscar D GP
328 Weldon Street
Latrobe PA 15650
ROMAN, MD, Stephen J RHU
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Greensburg PA 15601
ROSEN, MD, James A N
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Latrobe PA 15650
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638 Fourth Avenue
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92 Williamsburg Place
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SANTAMARIA, MD, Frank R GS
R D 6 Box 1921
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SAUER, MD, Dieter U
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Greensburg PA 15601
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1260 Martin Avenue
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SCHEID JR, MD, John E GS
132 Claremont Drive
Lower Burrell PA 15068
SCHERER, MD, Bernard C FP
135 East Market Street
Blairsville PA 15717
SCHOWALTER, MD, Donald R IM
356 Freeport Street
New Kensington PA 15068
SCHULTZ, MD, Theodore A P
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Greensburg PA 15601
SCHWARTZ, MD, Jonathan GS
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SEARFOSS, MD, Roger C ORS
210 Weldon Street
Latrobe PA 15650
SETTY, MD, Polepalli S IM
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SHAH, MD, Ratan S DR
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Jeannette PA 15644
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SHARMA, MD, Jashwant K IM
332 Fifth Avenue
Mckeesport PA 15132
SHARMA, MD, Kusum PTH
221 Longfellow Street
Vandergrift PA 15690

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SHERMAN, MD, Henry K OTO
R D 7
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SHETE, MD, Leena P AN
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Mckees Rocks PA 15136
SHETTY, MD, Ashok K IM
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Greensburg PA 15601
SHEVCHIK, MD, Grant J FP
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Level Green PA 15085
SHOPE, MD, William B PD
449 West Newton Avenue
Greensburg PA 15601
SHUTTER, MD, Walter D FP
411 Washington Street
Ligonier PA 15658
SIEPER, DO, William J TR
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Greensburg PA 15601
SINGER, MD, Jerry R IM
159 Cannon Drive
Greensburg PA 15601
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SMITH, MD, Jack D ORS
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Greensburg PA 15601
SMITH, MD, Walter K FP
212 North Grant Street
Ligonier PA 15658
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Irwin PA 15642
SOLWAY, MD, Sydney A PTH
70 Lincoln Way East
Jeannette PA 15644
SONG, MD, Young J IM
1260 Martin Avenue
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SPEEDY, MD, Harry W IM
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Latrobe PA 15650
SPINO, MD, Pascal D PD
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Greensburg PA 15601
STEM JR, MD, Theodore B NEP
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Penn Hills PA 15235
ROTH, SUSAN E US
3436 Bowman Street
Philadelphia PA 19129
ROVNER, MARC S US
515 West Chelton Avenue
Philadelphia PA 19144
RYAN, LYNN M US
917 East Mermaid Lane
Wyndmoor PA 19118
SABO, ROBERT A US
1000 Walnut Street
Philadelphia PA 19107
SABOL, JOSEPH G US
108 Harvey Street
Philadelphia PA 19144
SACHAROK, CYNTHIA A US
2491 West Helms Manor
Boothwyn PA 19061
SADJA, ROBIN M US
1251 Belleroock Street
Pittsburgh PA 15217
SALES, LAUREN E US
3445 Vaux Street
Philadelphia PA 19129
SALOTTO, ARNOLD G US
2809 West Queen Lane
Philadelphia PA 19129
SANDER, ELIZABETH B US
2991 West Schoolhouse Lane
Philadelphia PA 19144
SAULINO, MICHAEL F US
University Manor East
Hershey PA 17033
SAVOIE, LISA M US
3613 Fox Street
Philadelphia PA 19129
SCHAEFFER, MARTIN A US
3466 Bowman Street
Philadelphia PA 19129

SCHAFFENBURG, MARK S US
243 Haverford Avenue
Narberth PA 19072
SCHALLER JR, RICHARD J US
Townhouse 373
Hershey PA 17033
SCHROFF JR, RICHARD L US
1205 West Allegheny Avenue
Philadelphia PA 19133
SCHULTZ, NEIL R US
2809 West Queen Lane
Philadelphia PA 19129
SEGRAVES, MARY E US
315F Shawmont Avenue
Philadelphia PA 19128
SELVAGGI, THOMAS A US
3315 Indian Queen Lane
Philadelphia PA 19129
SEYFRIED, DONALD M US
828 Liberty Street
North Catasauqua PA 18032
SHAPIRO, MARCEY E US
5335 Knox Street
Philadelphia PA 19144
SHEPPARD, LISA M US
206 South 13th Street
Philadelphia PA 19107
SHIN, ALEXANDER Y US
4300 Spruce Street
Philadelphia PA 19104
SHOENBERGER, DOUGLAS C US
2406 Hamilton Street
Allentown PA 18104
SHORE, LINDA J US
506 South 41st Street
Philadelphia PA 19104
SIDOR, MICHAEL L US
170 Shurs Lane
Philadelphia PA 19127
SIEGEL, CHRISTOPHER T US
340 South 19th Street
Philadelphia PA 19103
SILBER, DAVID H US
University Manor East
Hershey PA 17033
SINGER, PAUL S US
228 South Madison Avenue
Upper Darby PA 19082
SINGH, AMITABH US
950 Walnut Street
Philadelphia PA 19107
SMALLOW, STEVAN A US
622 Bobwhite Lane
Huntingdon Valley PA 19006
SMITH, KAREN A US
1420 Locust Street
Philadelphia PA 19102
SMITH II, DEANE L US
3514 Margo Road
Camp Hill PA 17011
SMOKER, CYNTHIA B US
4720 Pine Street Apt C4
Philadelphia PA 19143
SOLLENBERGER, LAURA B US
University Manor
Hershey PA 17033
SOLOMITO, ALBERT L US
3347 Conrad Street
Philadelphia PA 19129
SPANDORFER, JOHN M US
1020 Clinton Street
Philadephia PA 19107
SPIRT, ADRIENNE A US
4628 Spruce Street
Philadelphia PA 19139
SPONSLER, TODD A US
3109 Fourth Street
Altoona PA 16601
STAFFEN, ROBERT N US
635 Country Lane
Morton PA 19070
STEHLE, N SCOTT US
620 South 42nd Street
Philadelphia PA 19104
STEIN, BETSY A US
1028 Serpentine Lane
Wyncote PA 19095
STEIN, DAGMAR US
857-A Rhue Haus Lane
Hummelstown PA 17036
STEVENS, SUZANNE OS
26 University Manor
Hershey PA 17033
STEVENSON, ALAN J US
606A Country Lane
Morton PA 19070

SUPERDOCK, DAVID T US
166 University Manor Apts
Hershey PA 17033
SUPRYS, MARIANNE J US
5470 Vicaris Street
Philadelphia PA 19128
SWISHER, JOHN W US
919 Clinton Street
Philadelphia PA 19107
SWISHER, LOICE A US
5829 Wisshickon Avenue
Philadelphia PA 19144
TAGGART, TINA S OS
1000 Walnut Street
Philadelphia PA 19107
TALENTI, DAVID A US
1510 Green Street
Philadelphia PA 19130
TATARKO, MICHAEL US
1713 Linden Hill Apartments
Lindenwold NJ 08021
TEPPER, ROBERT E US
545 First Avenue
New York NY 10016
THIBOUTOT, DIANE M US
240 University Manor
Hershey PA 17033
THOMAS, JAMES W US
4213 Regent Square
Philadelphia PA 19104
THOMAS, MATTHEW H US
205 University Manor
Hershey PA 17033
THORNTON, KAREN E US
49 East Cliveden
Philadelphia PA 19119
TOMASSONI, GERY F US
460 Thomas Street
Eynon PA 18403
TORRETI, MARYELLEN A US
6718 North Sixth Street
Philadelphia PA 19126
TOY, STEPHANIE M US
201 South 11th Street Box 5
Philadelphia PA 19107
TRAVALINE, JOHN M US
650 Hendren Street
Philadelphia PA 19128
TREIMAN, ARTHUR M US
950 Walnut Street
Philadelphia PA 19107
TROTT, EDWARD A US
5650 Wissahickon Avenue
Philadelphia PA 19144
TSE, K EDMUND US
1000 Walnut Street
Philadelphia PA 19107
UHL, KATHLEEN D US
6002 Greene Street
Philadelphia PA 19144
UKNIS, AUDREY B US
9343B Banes Street
Philadelphia PA 19115
VALE, ROBERT M US
2631 East Lehigh Avenue #4
Philadelphia PA 19125
VALE, STEVEN US
3400 Henry Avenue Apartment 2
Philadelphia PA 19129
VALENTE, ANTHONY F OS
22 West Areba Avenue
Hershey PA 17033
VANDERHOFF, BRUCE T US
15 Ardsley Road
Yardley PA 19067
VANNORT, JOSEPH J US
Five Chestnut Street
Carbondale PA 18407
VERCH, DANA R US
3024 West Queen Lane
Philadelphia PA 19129
VERCH, PATRICIA M US
3024 West Queen Lane
Philadelphia PA 19129
VERNO, LISA C OS
1000 Walnut Street
Philadelphia PA 19107
VITTO, ANTHONY US
7876 Spring Avenue
Elkins Park PA 19117
WALDORF, HEIDI A US
3600 Chestnut Street
Philadelphia PA 19104
WEAVER, MICHAEL A US
213 Keats Drive
Reading PA 19608

WEIBEL, CYNTHIA M US
5720 Wissahickon Avenue
Philadelphia PA 19144
WEIDA, CAROL J US
13 Saratoga
Hershey PA 17033
WEINSHENKER, NAOMI J US
4637 Hazel Avenue #1
Philadelphia PA 19143
WEISENFLUH, MARK G US
2608 Wolverine Drive
Erie PA 16511
WEISS, ERIC G US
1110 Lombard Street #19
Philadelphia PA 19147
WEISS, MICHAEL J US
7400 Roosevelt Blvd #A-312
Philadelphia PA 19152
WELLS, LAUREEN F US
4701 Pine Street
Philadelphia PA 19143
WERNER, ROBERT S US
Ten Overlook Road
Summit NJ 07901
WERTHEIM, DAVID L US
3309 Indian Queen Lane
Philadelphia PA 19129
WEYN, DAVID C US
1118 Lombard Street Apt 13
Philadelphia PA 19147
WHEELER, THOMAS B US
555 West Clapier Street
Philadelphia PA 19144
WHITLEY, AMY B US
2408 Lincoln Drive
Ambler PA 19002
WILLIAMSON, WINSOME D M US
University Manor East
Hershey PA 17033
WILSON, DAVID G US
191 Lynbrook Drive North
York PA 17402
WIRGANOWICZ, PHILIP Z US
325 North 15th Street
Philadelphia PA 19102
WITKOWSKI, MARK T US
1700 Bennklin Parkway
Philadelphia PA 19103
WOOD, MARGARET D US
6386 Church Road
Philadelphia PA 19151
WOOD II, MERLE E US
1000 Walnut Street
Philadelphia PA 19107
WOODS, GEORGE M US
3507 Indian Queen Lane
Philadelphia PA 19129
WRIGHT, FAY D US
3557 Indian Queen Lane
Philadelphia PA 19129
WRIGHT, RON US
3815 Walnut Street #191
Philadelphia PA 19104
WU, CHRISTINE US
3411 Cresson Street
Philadelphia PA 19129
YAO, MICHAEL J US
1000 Walnut Street #809
Philadelphia PA 19107
YAP, ENGLOK US
1000 Walnut Street
Philadelphia PA 19107
YARNALL, DAVID C US
University Manor East
Hershey PA 17033
YENCHA JR, MYRON W US
3455 Cresson Street
Philadelphia PA 19144
ZAJACZKOWSKI, MARIE US
1020 Locust Street Box 896
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2659 Bonnie Lane
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A

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ABDOLLAHIAN, MD, Javad Philadelphia
ABEL, MD, David R Philadelphia
ABELL, MD, Mary T Lycoming
ABELLA, MD, Romeo S Delaware
ABER, MD, John M Westmoreland
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ABERNATHY, MD, Ernest L Washington
ABERNETHY, MD, Hugh C Chester
ABGOTT, MD, Michael A Northampton
ABHYANKAR, MD, Shreedhar P Indiana
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ABIR, MD, Isaac Bucks
ABLA, MD, Adnan A Allegheny
ABLAZA, MD, Sariel G Philadelphia
ABNER, MONIQUE L Student
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ABOOSI, MD, Ali J Westmoreland
ABOSCH, AVNA Allegheny
ABOULHOSN, MD, Hussein Centre
ABRAHAM, MD, Hans A Philadelphia
ABRAHAM, DO, Ronald Philadelphia
ABRAHAMS, MD, Jonathan I Cambria
ABRAHAMSON, MD, Manford N Philadelphia
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ABRAMOWITZ, MD, Richard P Luzerne
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ABRAMS, MD, Cyril Philadelphia
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ABRAMS, MD, Peggy L Philadelphia
ABRAMS, MD, Sondra Chester
ABRAMSON, MD, Edwin B Philadelphia
ABRAMSON, MD, John Delaware
ABRAMSON, MD, Maurice Philadelphia
ABRANTES, MD, F Jorge Luzerne
ABRUTYN, MD, Elias Philadelphia
ABT, MD, Arthur B Dauphin
ABUL-ELA, MD, Ahmad E Lawrence
ABUL-ELA, MD, Mohamad Lawrence
ABUL-FADL, MD, Yahya Westmoreland
ABURANO, MD, Akio Allegheny
ACETO, MD, Joseph N Allegheny
ACKER, CHRISTOPHER G Allegheny
ACKERMAN, DO, Mark Philadelphia
ACKROYD, DAVID A Student
ACOSTA, MD, Antonio E Westmoreland
ACOSTA, MD, Robert G Philadelphia
ACOSTA, MD, William R Cambria
ADALJA, MD, Ashok N Butler
ADAM, MD, Alberto L Philadelphia
ADAM, MD, David J Philadelphia
ADAMS, MD, D Leslie Dauphin
ADAMS, MD, David J Montgomery
ADAMS, MD, Jonathan D Centre
ADAMS, MD, Judith A Montgomery
ADAMS, MD, Keith I Clinton
ADAMS, MD, Laurence J Lancaster
ADAMS, MD, Lynn I Franklin
ADAMS, MD, Michael D Dauphin
ADAMS, MD, Robert H Cambria
ADAMS, MD, Rocco J Washington
ADAMS, WILLIAM H Allegheny
ADAMS III, MD, Ray D Philadelphia
ADAMSON, MD, William C Montgomery
ADATEPE, MD, Mustafa H Allegheny
ADDONIZIO, MD, V Paul Philadelphia
ADELIZZI, MD, I Richard Philadelphia
ADELMAN, MD, Bernard P Philadelphia
ADELMAN, DO, Fred H Montgomery
ADELMAN, MD, Frederick P Philadelphia
ADER, MD, Michael H York
ADESMAN, MD, Michael B Philadelphia
ADIBI, MD, Fereydoon Bucks
ADKINS, MD, John C Allegheny
ADKINS, MD, William C Erie
ADLER, MD, Alan G Philadelphia
ADLER, DO, Donald J Bucks
ADLER, MD, Francis H Philadelphia
ADLER, MD, Jon S Washington
ADLER, MD, Lawrence M Blair
ADLER, MD, Moshe Clarion
ADLIN, MD, Albert Philadelphia
ADOLF, MD, Ann C Northampton
ADONI, MD, Leon Philadelphia
ADRID, MD, Augusto S Bucks
ADUKAITIS, DO, Bernard C Schuylkill
ADVINCULA, MD, Rizalito B Clinton
AGARWAL, MD, Amrit Allegheny
AGARWAL, MD, Nalini Philadelphia
AGARWAL, MD, Nikhileshwer N York
AGERTY, MD, Horst A Philadelphia
AGGARWAL, MD, Shiv S Cumberland
AGNEW, MD, Edward A Berks
AGNONE, MD, Peter M Lackawanna
AGRAWAL, MD, Radeshyam M Allegheny
AGRO, MD, Angelo S Philadelphia
AGSTER, MD, Bruce E Allegheny
AGUILERA, MD, Amelia G Cambria
AGUILERA, MD, Bonifacio T Cambria
AGUSTA, MD, Victor E Lancaster
AGUSTIN, MD, Amelia V Allegheny
AHDIEH, MD, Jalal Philadelphia
AHERN, MD, Thomas S Northampton
AHLSWEDE, KARL M Student
AHLUWALIA, MD, Harwinder S Schuylkill
AHMAD, MD, Usman Allegheny
AHMED, MD, Adiba S Allegheny
AHMED, MD, Galal M Lycoming
AHMED, MD, Niaz Warren
AHMED, MD, Quzi M Allegheny
AHMED, MD, Ziauddin Philadelphia
AHN, MD, Chang W Lancaster
AHONKHAI, MD, Vincent I Philadelphia
AHUJA, MD, Subash C Westmoreland
AICHELE JR, DO, Robert K Lancaster
AICHER, MD, D Craig Luzerne
AIELLO, MD, Stephen A Bucks
AIGNER, MD, William J Blair
AIKEN, MD, Bradley M York
AIKEN, MD, Lucille B Allegheny
AIKEN, MD, Robert D Philadelphia
AIMETTE, MD, Alexander A Bucks
AISNER, MD, Anita M Philadelphia
AITA, MD, Paul C Berks
AKBAR, MD, Mohammad M Schuylkill
AKBARI, MD, Saeed Bucks
AKHTAR, NADIA D Allegheny
AKSU, MD, Ahmet Northampton
AL-MATEEN, MD, Cheryl S Delaware
AL-MATEEN, MD, Kevin B Delaware
AL-PACHACHI, MD, Jinan T Jefferson
AL-SAADI, MD, Khaldon Westmoreland
AL-SHAKIR, MD, Abdulrezzak M Allegheny
ALAGIRISWAMI, MD, Krishnaswami Columbia
ALAIMO, MARIA Student
ALANDETE, MD, Alvaro York
ALARCON, MD, J Edgar Chester
ALAVIZADEH, MD, Rowshan Z Philadelphia
ALAVIZADEH, MD, Seyed M Philadelphia
ALBAUGH, MD, Maryanne Philadelphia
ALBERGO, MD, Robert P Lancaster
ALBERICO, MD, Anthony M Philadelphia
ALBERT, ANDREW M Student
ALBERT, MD, Seymour M Philadelphia
ALBERT II, MD, John D Erie
ALBERTINI, MD, Robert E Montour
ALBERTS, MD, Nancy K Beaver
ALBERTSON, MD, Richard P Montgomery
ALBIN, MD, Jorge Lancaster
ALBO, MD, Vincent C Allegheny
ALBRECHT, MD, James B Montgomery
ALBRIGHT, MD, A Lelend Allegheny
ALBRIGHT, MD, Gerald S Lancaster
ALBRIGHT, JANET L Student
ALBRIGHT 3RD, MD, William J Dauphin
ALBURGER, MD, Philip D Philadelphia
ALCANTARA, MD, Vicente A Washington
ALCARO, MD, Joseph A Adams
ALCARO, MD, Joseph F Adams
ALCID, MD, Feliza A Chester
ALCOFF, MD, Joel M Allegheny
ALDAY, MD, Edgardo S Philadelphia
ALDEN, MD, James C Montgomery
ALDEN, MARK E Student
ALDERFER, MD, Arthur J Bucks
ALDERFER, MD, Gill R Delaware
ALDERFER, MD, Harold H Chester
ALDINGER II, MD, David L Mifflin/Juni
ALDISERT, MD, Caesar O Allegheny
ALDOUS, MD, Thomas W Dauphin
ALESSI, MD, Carl F York
ALESSI, MD, Thomas R Montour
ALEX, NADINE H Student
ALEXANDER, MD, Charles M Delaware
ALEXANDER, MD, Fred Philadelphia
ALEXANDER, MD, George A Philadelphia
ALEXANDER, MD, Gilbert H Allegheny
ALEXANDER, MD, John B Philadelphia
ALEXANDER, MD, John D Chester
ALEXANDER, MD, Linda S Montgomery
ALEXANDER, MD, Michael A Allegheny
ALEXANDER, MD, R William Berks
ALEXANDER, MD, Roland R Dauphin
ALEXANDER JR, MD, John D Philadelphia
ALEXANDERIAN, MD, Harry A Luzerne
ALEXANDRE, MD, Journel Montgomery
ALFALLA, CELIA Student
ALFANO, DO, Samuel L Lackawanna
ALFONSO, MD, Gabriel A Montgomery
ALGAZY, MD, Kenneth M Montgomery
ALHASHIMI, MD, Maher B Allegheny
ALI, MD, Abu N Westmoreland
ALI, MIR B Student
ALI, MD, Mohammad I Lawrence
ALIKAKOS, MD, Louis C Delaware
ALISUAG, MD, Restituto M Philadelphia
ALLAN, MD, David A Philadelphia
ALLAN, MD, Mary B Chester
ALLANIGUE, MD, Rogelio M Erie
ALLCOCK, MD, Jennifer A Philadelphia
ALLEN, MD, Chris M Allegheny
ALLEN, MD, Dennis Susquehanna
ALLEN, MD, Harold Y Franklin
ALLEN, MD, Hugh L Erie
ALLEN, MD, John E Jefferson
ALLEN, MD, Richard Dauphin
ALLEN, MD, Robert E Northmbrland
ALLEN, MD, Robert L Bradford
ALLEN, MD, Robert W Mercer
ALLEN, DO, Steven K Montgomery
ALLEN, MD, Thomas E Allegheny
ALLEN JR, MD, Herbert V Cambria
ALLEN JR, MD, Samuel D Delaware
ALLEY, MD, Albert A Lebanon
ALLEY, MD, Ali A Columbia
ALLEY, MD, Richard A Luzerne
ALLEY, MD, Samie A Berks
ALLINGHAM, DO, Larry A York
ALLISON, MD, James H Adams
ALLISON, MD, Nancy L Montgomery
ALLISON, MD, Wesley C Allegheny
ALLISON JR, MD, A Reid Centre
ALLOY, DO, Curtis A Philadelphia
ALLYN, MD, Russell E Dauphin
ALMALLAH, MD, Ahmad Y Westmoreland
ALMALLAH, MD, Omar F Philadelphia
ALMALLAH, MD, Shadiya Westmoreland
ALMARIA, MD, Hermenegildo H Luzerne
ALMASHAT, MD, Ala A Columbia
ALMAZAN, MD, Antonio C Lehigh
ALMQUIST, MD, John F Erie
ALOSI, MD, Anthony J Philadelphia
ALPERN, MD, A Nathan Allegheny
ALPERS, JAMES D Allegheny
ALPERT, MD, Barry L Allegheny
ALPERT, MD, Charles B Philadelphia
ALPERT, MD, Jeffrey R York
ALPERT, MD, Marc H Montgomery
ALPERT, MD, Norman P Montgomery
ALPERT, MD, Richard E Montgomery
ALSHON, DO, Joseph J Philadelphia
ALSTON, LUCILLE L Allegheny
ALTAKER, MD, Lawrence L Dauphin
ALTER, MD, Milton Philadelphia
ALTHOFF, MD, Marilyn F Philadelphia
ALTHOUSE JR, MD, L Bruce Dauphin
ALTIMARE, MD, Peter J Lancaster
ALTLAND, MD, Robert C York
ALTMAN, MD, Arthur A Northampton
ALTMAN, MD, Brian D Montgomery
ALTMAN, MD, Harold A Armstrong
ALTMAN, MD, Louis Allegheny
ALTMAN, ROBERT J Allegheny
ALTMAN, MD, Sidney I Montgomery
ALTMAN, MD, Wanda Allegheny
ALTMAN JR, MD, Richard S Lancaster
ALTOBELLI, MD, John A Lehigh
ALTOMARE JR, MD, Frank J Lehigh
ALTOMONTE, MD, Joseph F Montgomery
ALTSCHULER, MD, Stanley L Philadelphia
ALVEAR, MD, Domingo T Dauphin
ALVEAR, MD, Veneranda B Dauphin
AMACHER, MD, Howard C Erie
AMADIO, DO, Angelo E Clarion
AMADIO, MD, Julio J Montgomery
AMADIO JR, MD, Peter Philadelphia
AMAYO, MD, Jose G Allegheny
AMBANI, MD, Narendra V Carbon
AMBRAD, MD, Antonio J Allegheny
AMBROSE, MD, C Huber Westmoreland
AMBROSE, MD, David N Blair
AMBROSE, MD, Julius W Allegheny
AMBRUSO, MD, Victor T Luzerne
AMENDOLA, MD, Beatriz E Philadelphia
AMENTA, MD, Peter S Philadelphia
AMENTLER, MD, John P Luzerne
AMIDON, MD, Charles S Montgomery
AMIN, MD, Atul K Northampton
AMIN, MD, Bipin R Montgomery
AMINA, MD, Suresh P Lawrence
AMMER, MD, John L Allegheny
AMMON, MD, John R Allegheny
AMROM, MD, George J Philadelphia
AMSBAUGH, MD, Glenn A York
AMSHEL, MD, Albert L Allegheny
AMSLER JR, MD, Fred R Lycoming
AMSTER, DO, Norman H Montgomery
AMSTERDAM, MD, Gerald H Philadelphia
AMUSO, MD, Samuel J Dauphin
AMYGDALOS, MICHAEL A Student
ANANIA, FRANK A Allegheny
ANANTHA-RAMAN, MD, Ambale S Allegheny
ANDERKO, MD, Frank T Lehigh
ANDERSEN, MD, Edwin Montgomery
ANDERSEN, MD, Thomas W Lancaster
ANDERSON, MD, Alice M Philadelphia
ANDERSON, MD, Arlo C Montgomery
ANDERSON, MD, Carolyn H Allegheny
ANDERSON, CHRISTOPHER A Student
ANDERSON, MD, Claus L Allegheny
ANDERSON, DAVID C Student
ANDERSON, MD, Gordon P Erie
ANDERSON, MD, Herbert H Allegheny
ANDERSON, MD, John B Berks
ANDERSON, MD, John R Northampton
ANDERSON, MD, Joseph B Allegheny
ANDERSON, MD, Richard E Allegheny
ANDERSON, MD, Thomas E Franklin
ANDERSON, MD, Victor S Westmoreland
ANDERSON, MD, William C Venango
ANDERSON, MD, William M Dauphin
ANDERSON III, MD, John D Montgomery
ANDERSON JR, MD, Lyle F Dauphin
ANDERSON JR, MD, William H Erie
ANDO, MD, Teodoro A Lycoming
ANDREOZZI, MD, Robert J Lebanon
ANDREW-JAJA, MD, Carey D Allegheny
ANDREWS, MD, A Thomas Dauphin
ANDREWS, MD, Joseph F Montour
ANDREWS, MD, Paul J Luzerne
ANDREWS, MD, Percy J Dauphin
ANDREWS, MD, Peter J Luzerne
ANDREWS, MD, Ronald P Montgomery
ANDREWS, MD, Waverly S Philadelphia
ANDREWS III, MD, Willard G Montgomery
ANDRIES, MD, Raymond C Delaware
ANDRIES, MD, Raymond M Montgomery
ANDRIOLA, MD, Frank J Dauphin
ANDRIOLE, MD, Gerald L Luzerne
ANDRIOLE, DO, James M Clinton
ANDRIOLE, MD, Joseph P Lackawanna
ANDRIS, DO, Joseph J Delaware
ANDRONICO, DO, Kenneth C Bucks
ANDROSKI, MD, John J Lackawanna
ANDRUCZYK, DO, Eugene Philadelphia
ANDRZEJEWSKI JR, MD, Chester Delaware
ANEJA, MD, Krishan K Lackawanna
ANEJA, MD, Surinder K Allegheny
ANGELO, MD, John J York
ANGIULLI, MARCIA Allegheny
ANGLE, MD, William D Lycoming
ANGLES, MD, Carmen Philadelphia
ANGSTADT JR, MD, Paul N Montgomery
ANGULO, MD, Armand J Franklin
ANGUS, MD, Leslie R Montour
ANISTRANSKI, JOSEPH A Student
ANKER, MD, Peter M Dauphin
ANNAN, KINGSLEY Allegheny
ANNESE, DO, Joseph S Lancaster
ANNESLEY JR, MD, William H Delaware
ANNEST, MD, Stephen J Bradford
ANNI, MD, Jane G O Dauphin
ANNON JR, MD, Walter T Philadelphia
ANOLIK, MD, Miriam O Philadelphia
ANOLIK, MD, Mitchell A Philadelphia
ANON, MD, Jack B Erie
ANOUS, MD, Maher M Lehigh
ANSARI, MD, Amir H Allegheny
ANSELMI, MD, Lanning A Luzerne
ANSON, MD, Peter M Lehigh
ANTALIK, MD, Paul E Allegheny
ANTEMANN, MD, Richard W Cambria
ANTENSON, MD, Charles M Philadelphia
ANTHONY, MD, Alfred Somerset
ANTHONY, MD, Andrew M Blair
ANTHONY, CLINT W Student
ANTHONY, MD, John A Montgomery
ANTHONY, MD, Jonathan M Venango
ANTICO, MD, Dominic A Beaver
ANTKOWIAK, MD, Thomas L Venango
ANTOGNOLI, MD, William J Lackawanna
ANTONCIC, MD, Rudolph A Allegheny
ANTONIADES, MD, John Philadelphia
ANTONUCCI, MD, Donna L Montgomery
ANTOON, DO, Michael S Erie
ANTOON JR, MD, Saleem J Westmoreland
ANTOS, MD, John M Bradford
ANTOS, MD, Thomas J Allegheny
ANTYPAS, MD, Philip G Allegheny
ANZALONE, MD, Angelo A Luzerne
AOUN, MD, Kamal H Venango
APFELBAUM, MD, Jay H Northampton
APPEL, MD, John W Philadelphia
APPLE, RICHARD J Allegheny
APPLEBAUM, RICHARD J Student
APPLEGATE, DO, David J Beaver
APPLEGATE, MD, Gerald B Butler
APPLEGATE, MD, Russel C Delaware
APPLESTEIN, MD, Bruce Bucks
APTON, MD, Jeffrey H Allegheny
AQUILINO, MD, James F Erie
AQUINO, MD, Edwin A Dauphin
ARANEDA, MD, Luis O Blair
ARANGIO, MD, George A Lehigh
ARANO, MD, Leonardo V Montgomery
ARANSON, MD, Robert Philadelphia
ARASTU, MD, Mohammad I Northampton
ARAVABHUMI, MD, Srinivas Philadelphia
ARAVENA, MD, Ernesto B Allegheny
ARBITMAN, MD, Michael Beaver
ARBOGAST JR, MD, John W Union
ARBOGAST SR, MD, John W Union
ARCH JR, MD, Francis J Allegheny
ARCILLA, MD, Juanita R Allegheny
ARD, MD, Robert S Allegheny
ARDISON, MD, Gary W York
ARDITO, MD, Joseph M Delaware
ARDIZONE, MD, Rohlo A Bucks
ARENA, MD, Sebastian Allegheny
ARENAS, MD, Apollo M Philadelphia
ARENSON, CHRISTINE A Student
ARENTSEN, MD, Juan J Philadelphia
AREZA, MD, Pablo R Fayette
ARFFA, MD, Robert C Allegheny
ARGENIO, MD, Sandra L Montour
ARGENTINE JR, MD, Robert P Allegheny
ARGER, MD, Peter H Philadelphia
ARGIRES, MD, James P Lancaster
ARGUE, MD, Stephen H Lycoming
ARGYROS, GREGORY J Allegheny
ARISUMI, MD, David N Allegheny
ARKLESS, MD, Henry A Philadelphia
ARMANIOUS, MD, Adel W Westmoreland
ARMAO, MD, Joseph J Delaware
ARMEN, MD, Robert N Allegheny
ARMENTI, MD, Frederick R Philadelphia
ARMENTO, MD, Donald F Philadelphia
ARMFIELD III, MD, Samuel L Allegheny
ARMITAGE, MD, Harry V Delaware

ARMOUR, MD, William S	Philadelphia
ARMSTRONG, MD, B Irene	Elk/Cameron
ARMSTRONG, MD, Schuyler S	Delaware
ARMSTRONG, MD, Thomas A	Montgomery
ARMSTRONG, MD, Thomas S	Cumberland
ARNAO, MD, James	Philadelphia
ARNDT, MD, James L	Berks
ARNER, MD, Raymond H	Northampton
ARNHEIM, MD, Falk K	Allegheny
ARNOLD, MD, David S	Philadelphia
ARNOLD, MD, George L	Allegheny
ARNOLD, MD, John J	Clearfield
ARNOLD, LAURA S	Allegheny
ARONICA, MD, Michael J	Lackawanna
ARONIN, MD, Tsodik	Philadelphia
ARONSON, MD, Jerold M	Philadelphia
ARONSON, MD, Morton L	Allegheny
ARONSON, MD, Susan S	Philadelphia
ARONSTAM, MD, Robert H	Bradford
ARORA, MD, Manju	Delaware
ARORA, MD, Ramesh	Cumberland
ARORA, MD, Subhash C	Lackawanna
AROUH, MD, Albert	Delaware
ARRISUENO, MD, Juan A	Somerset
ARSHT, MD, Edwin D	Delaware
ARTABANE, MD, Thomas A	Lackawanna
ARTIS, MD, Cathy J	Allegheny
ARTUSO, MD, Frank B	Allegheny
ARTZ JR, DO, William J	Philadelphia
ARUMUGARAJAH, MD, Kanagasabapathy	Adams
ASBELL, MD, Sucha O	Philadelphia
ASCANIO, MD, Guido	Delaware
ASEEM, MD, Wali M	Jefferson
ASH, MD, Richard D	Allegheny
ASH, MD, S Russell	Montgomery
ASHBAUGH, MD, William H	Butler
ASHBY, MD, John D	Franklin
ASHLEY, KENNETH B	Student
ASHMAN, MD, George S	Cambria
ASHOK, MD, Puducheri S	Allegheny
ASHWORTH, MD, Halbert E	Berks
ASIMOS, ANDREW W	Allegheny
ASKAR, MD, F	Philadelphia
ASKIN, MD, Ralph J	Allegheny
ASKIN, MD, Stanley R	Centre
ASKINAS, MD, Alan M	Chester
ASLAM, MD, Azar	Crawford
ASLAM, MD, Mohammad	Schuylkill
ASNANI, MD, Mithlesh G	Lehigh
ASO, MD, Orlando A	Carbon
ASPEN, MD, Nelson P	Chester
ASSANASEN, MD, Benja V	Westmoreland
ATHANI, MD, Vijay S	Allegheny
ATKIN, MD, David H	Allegheny
ATKINS, DO, Anita H	Montgomery
ATKINS, MD, John L	York
ATKINS JR, MD, Joseph P	Philadelphia
ATKINSON, MD, Nolan N	Montgomery
ATLEE, MD, William A	Lancaster
ATNIP, MD, Robert G	Dauphin
ATRI, MD, Srinivas S	Bucks
ATWELL, DO, Grant E	Somerset
ATWELL, MD, Robert B	Allegheny
ATWELL EXEC SEC, SHIRLEY	Butler
ATWELL II, DO, Grant E	Somerset
ATYIA, MD, Seif A	Crawford
AU, MD, Francis C	Philadelphia
AUCH, MD, Ella M	Northampton
AUDAY, MD, Jose H	Philadelphia
AUERBACH, MD, Herman L	Luzerne
AUERBACH, DO, Jeffrey C	Wayne/Pike
AUERBACH, MD, Mark H	Northampton
AUERBACH, DO, Robert S	Philadelphia
AUGELLI-HODOR, DO, Linda P	Northampton
AUGHINBAUGH, MD, Thomas H	Clearfield
AUGSBURGER, MD, James J	Philadelphia
AUGUSTINE, MD, Joseph P	Allegheny
AURAND, MD, Eleanor M	Mifflin/Juni
AURANDT, MD, Henry N	Berks
AURE, MD, Horacio S	Allegheny
AUSLANDER, MD, James L	Allegheny
AUSTIN, MD, Edward M	Allegheny
AUSTIN, MD, George L	Westmoreland
AUSTIN, JAMES A	Allegheny
AUSTRIAN, MD, Robert C	Philadelphia
AVANCENA, MD, Edgardo P	Montgomery
AVART, DO, Herbert N	Philadelphia
AVELLA, MD, Berard N	Berks
AVELLINO, MD, Joseph D	Philadelphia
AVENIA, MD, Ronald J	Columbia
AVERSA, JEFFREY M	Student
AVERSA, MD, Nicholas	Philadelphia
AVERSA JR, MD, Zefferino A	Philadelphia
AVNER, MD, David L	Greene
AWAD, MD, Latif L	Montour
AWAN, MD, Ihsan-Ul H	Allegheny
AWAN, MD, Rashid A	Cambria
AXE, DO, Allen L	Philadelphia
AXELROD, MD, Budd B	Philadelphia
AXELROD, MD, Lawrence S	Montgomery
AXELROD, DO, Norman M	Lancaster
AXELROD, MD, Rita S	Philadelphia
AXELSON, MD, Alan A	Allegheny
AXLINE, DAVID R	Allegheny
AXMANN, MD, David G	Philadelphia
AYDIN, MD, Kemalettin	Carbon
AYE, MD, J Thomas	Mercer
AYERLE, MD, Robert S	Philadelphia
AYERS, MD, Lloyd R	Blair
AYERS JR, MD, William H	Delaware
AYLWARD, MD, John J	Chester
AYNARDI, MD, J Marc	Berks
AYOUB, MD, William T	Mifflin/Juni
AYRES, MD, John A	Blair
AYRES, MD, William W	Fayette
AYULO, MD, Marco A	Mercer
AZAR, MD, Albert A	York
AZAR, MICHAEL J	Allegheny
AZAR, MD, Reza R	Philadelphia
AZCONA, MD, Oscar C	Washington
AZER, MD, Magdi S	Cambria
AZIZ, MD, Abdulrab	Allegheny
AZIZKHAN, MD, Reza G	Dauphin
AZURIN, MD, Arturo C	Allegheny

B

BAADE, MD, Ernest A	Mifflin/Juni
BABACZ, MD, Teofil	Chester
BABB, MD, Terrence E	Lancaster
BABIN, MD, Roman A	Elk/Cameron
BABINS, DAVID M	Student
BABU, MD, Vallabhaneni S	Washington
BABULA, MD, Bruce E	Luzerne
BACAK, MD, Joseph F	Northampton
BACASTOW, MD, Merle S	York
BACCASH, MD, Patricia D	Philadelphia
BACCHUS, DO, Fizul H	Clearfield
BACESKI, MD, Deborah A	Somerset
BACHARACH, MD, Benjamin	Philadelphia
BACHIR, MD, Simon G	Erie
BACHMAN, MD, William H	Lancaster
BACHMANN, MD, Lawrence C	Allegheny
BACKENSTOSE, MD, Daniel L	Dauphin
BACKES, MD, Celso L	Potter
BACON, MD, Richard W	Lancaster
BADAMO, MD, Francis P	Jefferson
BADARACCO, MD, Marie R	Columbia
BADAWI, MD, Radwan A	Lackawanna
BADER, MD, William	Allegheny
BADIALI, MD, S Charles	Washington
BADILLO, MD, Pedro F	Allegheny
BADMAN, MD, Dennis S	Lancaster
BADOLATO, MD, David J	Montgomery
BADWAY, MD, David M	Allegheny
BAER, MD, David G	Bedford
BAER, GERALD R	Student
BAER, MD, Samuel	Philadelphia
BAERTL, MD, Juan M	York
BAEZ, MD, Raymond C	Allegheny
BAGHAI-NAIINI, MD, Parviz	Allegheny
BAGLEY JR, MD, Demetrius H	Philadelphia
BAGNICK, JOSEPH F	Student
BAHIA, MD, Jinan O	Dauphin
BAHL, MD, Mohinder M	Allegheny
BAHL, MD, Vijay K	Allegheny
BAHNMILLER, MD, Edwin C	Luzerne
BAIKADI, MD, Madhava	Lackawanna
BAIL, MD, Harry	Philadelphia
BAILEY, MD, James L	Allegheny
BAILEY, MD, Laurel P	Dauphin
BAILEY, MD, Nelson J	Mercer
BAILEY, RICHARD W	Student
BAILEY, MD, Stephen R	Allegheny
BAILEY, MD, William R	Allegheny
BAILEY III, DO, John H	Crawford
BAILEY JR, MD, John H	Crawford
BAILEY JR, MD, Robert S	Montgomery
BAINBRIDGE, MARK D	Allegheny
BAIO, MD, Michael V	Delaware
BAIR, MD, Charles W	Lancaster
BAIR, MD, Edward H	Dauphin
BAIR, MD, Jeffrey F	Monroe
BAIR, MD, Robert C	Tioga
BAIR, MD, Victor W	Washington
BAIR, MD, William L	Allegheny
BAIRD, MD, Edward F	Lancaster
BAIRD, MD, James W	Allegheny
BAIRD, MD, Robert J	Lancaster
BAIRD, MD, Robert M	Monroe
BAJAJ, MD, Rajiv K	Lackawanna
BAJOREK, MD, Edward J	Erie
BAJWA, MD, Jagdeep K	Westmoreland
BAJWA, MD, Surinder S	Westmoreland
BAKER, MD, Carol C	Allegheny
BAKER, MD, Everett M	Allegheny
BAKER, MD, Graeme C	Erie
BAKER, MD, Jeffrey H	Centre
BAKER, MD, Kenneth M	Montour
BAKER, KYLE A	Allegheny
BAKER, MD, Linda J	Philadelphia
BAKER, DO, Mark D	Erie
BAKER, MD, Marvin P	Butler
BAKER, MD, R J	Allegheny
BAKER, MD, Robert H	Mercer
BAKER, MD, Robert L	Allegheny
BAKER, MD, Roy F	Centre
BAKER, MD, Stephen D	Allegheny
BAKER, MD, Thomas E	Luzerne
BAKER, MD, Walter J	Allegheny
BAKER II, DO, Robert L	Allegheny
BAKER JR, MD, Arthur G	Delaware
BAKER JR, MD, George W	Franklin
BAKEWELL, MD, Frank S	Washington
BAKKEN, MD, William W	Lancaster
BAKSHI, MD, Kalind R	Philadelphia
BAKSHI, MD, Kinnari K	Bucks
BAKST, DO, Barry L	Philadelphia
BAKTH, MD, Shamsher	Allegheny
BALABAN, MD, Donald J	Philadelphia
BALABAN, MD, Selma A	Delaware
BALARAMAN, MD, Govindachetty	Franklin
BALASH, MD, William R	Armstrong
BALASUBRAMANIAN, MD, Easwaran	Philadelphia
BALCHANDANI, MD, Rajkumari B	Philadelphia
BALCITA, MD, Arthur L	Westmoreland
BALCITA JR, MD, Angel B	Westmoreland
BALDERACH, MD, Ronald R	Lawrence
BALDERSTON, MD, Richard A	Philadelphia
BALDERSTON, VIRGINIA M	Allegheny
BALDIA, MD, Liveo B	Columbia
BALDINO, MD, William A	Lackawanna
BALDWIN, MD, Mary M	Allegheny
BALDWIN, MD, Thomas M	Beaver
BALES, MD, Charles R	Erie
BALI, MD, Ajay K	Luzerne
BALIN, MD, Arthur K	Delaware
BALIN, MD, Benjamin R	Delaware
BALIN, MD, Solomon L	Philadelphia
BALIS, MD, Sol	Delaware
BALISTOCKY, MD, Marvin H	Montgomery
BALK, MD, Phillip	Allegheny
BALKANY, MD, Andrew F	Dauphin
BALKANY, MD, Christopher K	Lancaster
BALLANTINE, MD, Thomas V N	Dauphin
BALLANTYNE, MD, James V	Allegheny
BALLARD, MD, Ian M	Montgomery
BALLEK, MD, Ronald E	Philadelphia
BALLENTINE, MD, George N	Lycoming
BALLENTINE, MD, Rudolph M	Wayne/Pike
BALLS, MD, Kent F	Montgomery
BALMASEDA, MD, Ofelia B	Philadelphia
BALMASEDA, MD, Philip F	Philadelphia
BALOG, MD, Balint	Dauphin
BALOGH JR, MD, Robert J	Philadelphia
BALOH, FRANK G	Student
BALOURIS, CONSTANTINE A	Allegheny
BALSAMO, MD, Anthony J	Philadelphia
BALSARA, MD, Rohinton K	Philadelphia
BALSBAUGH, MD, George T	Dauphin
BALSHI, MD, Stephen F	Northampton
BALTZ, MD, Richard D	Dauphin
BALTZELL, MD, William H	Philadelphia
BALZ, MD, Thomas P	Montour
BAMBERGER, MD, Grant W	Chester
BAMBERGER, MD, John A	Lebanon
BAMONT, MD, Anthony J	Philadelphia
BAMONTE, MD, Edward L	Allegheny
BANCROFT, MD, Edith D	Montgomery
BANCROFT, MD, Peggy L	Philadelphia
BAND, MD, Philip T	Philadelphia
BANDARANAYAKE, MD, Nisantha M	Westmoreland
BANDARANAYAKE, MD, Piching	Allegheny
BANDINI JR, MD, Paul J	Philadelphia
BANE, MD, Denis M	Schuylkill
BANERJI, MD, Barun	Luzerne
BANERJI, MD, Sipra	Luzerne
BANEY JR, MD, Charles M	Berks
BANK, MD, Arnold A	Philadelphia
BANK, MD, R Stanley	Dauphin
BANKA, MD, Reena S	Philadelphia
BANKACI, MD, Murat	Westmoreland
BANKOWITZ, MD, Richard A	Allegheny
BANMILLER, MD, James D	Montgomery
BANNER, MD, Marc P	Philadelphia
BANNER, MD, Ronald S	Philadelphia
BANNISTER JR, MD, William B	Lawrence
BANNON, MD, Charles J	Lackawanna
BANOGON, MD, Marietta A	Dauphin
BANSAL, MD, Harinder K	Philadelphia
BANSAL, MD, Surendra K	Allegheny
BANSBACH, MD, Jean M	Philadelphia
BANSBACH, MD, William A	Philadelphia
BANSIDHAR, MD, Bhadrasine	Beaver
BANTLEY JR, MD, David S	Philadelphia
BANTLY, MD, Harry C	Jefferson
BANTLY, MD, Victor S	Cambria
BANZHOFF, MD, Gordon K	Dauphin
BAQUERO-BUENO, MD, Mario R	Washington
BAR, MD, Allen H	Philadelphia
BARAD, MD, Roxana F	Allegheny
BARAFF, MD, Robert	Allegheny
BARAKAT, MD, Adel R	Lackawanna
BARAN, MD, Ernest M	Montgomery
BARANIAK, MD, Gregory P	Allegheny
BARANSKI, MD, Edward J	Adams
BARATZ, MD, Burton H	Philadelphia
BARBA III, MD, William P	Bucks
BARBER, MD, James J	Allegheny
BARBER, MD, John V	Westmoreland
BARBER, JOSEPH A	Student
BARBER, DO, Kevin G	Philadelphia
BARBER, MD, Lee A	Philadelphia
BARBER, MD, Margaret	Philadelphia
BARBIERI, MD, Edward A	Philadelphia
BARBO, MD, Dorothy M	Philadelphia
BARBOUR, MD, Peter J	Lehigh
BARCH, MD, Frank J	Chester
BARCLAY, MD, Clayton C	Schuylkill
BARCLAY JR, MD, Clayton C	Montgomery
BARD, MD, Joseph L	Montgomery
BARDAWIL, MD, Lawrence W	Lehigh
BARDZIL, MD, Joseph W	Washington
BARENBAUM, MD, Daniel H	Philadelphia
BARENBERG, MD, Paul A	Chester
BARG, MD, Ronald B	Montgomery
BARILLA, MD, Donald E	Lehigh
BARKE, MD, James N	Berks
BARKER, MD, Clyde F	Philadelphia
BARKER, MD, Richard G	Philadelphia
BARLOW, DO, Alfred M	York
BARLOW, MD, Anne L	Montgomery
BARLOW JR, MD, Robert A	Philadelphia
BARMADA, MD, Bicher	Allegheny
BARNA, MD, Nicholas J	Montgomery
BARNABY JR, MD, Arthur J	Philadelphia
BARNES, MD, Anne U	Philadelphia
BARNES, MD, Ben C	Lehigh
BARNES, DO, Donald J	Bucks
BARNES, MD, Hal W	York
BARNES, MD, Robert F	Blair
BARNES, MD, W Stephen	Centre
BARNES, MD, William J	Allegheny
BARNES, MD, William T	Centre
BARNES, MD, Willis C	Lackawanna
BARNES II, MD, Arthur E	Westmoreland
BARNETT, MD, Alan J	Allegheny
BARNETT, MD, Charles F	Philadelphia
BARNHART, MD, Arthur D	Westmoreland
BARNHART, MD, Mary L	York
BARNHOUSE, MD, David H	Allegheny
BARNOSKI, MD, John F	Dauphin
BAROLAT-ROMANA, MD, Giancarlo	Philadelphia
BARON, MD, Arthur M	Montgomery
BARON, MD, John	Allegheny
BARON, MD, Raymond C	Philadelphia
BARON, MD, Scott L	Allegheny
BARON JR, MD, Andrew J	Lackawanna
BARONE, MD, Anthony	Lehigh
BARONE, MD, Frances A	Bucks
BARONE, MD, Samuel F	Allegheny
BARR, MD, Gary A	Allegheny
BARR, MD, Richard G	Delaware
BARR, MD, Samuel S	Philadelphia
BARR, MD, V Ward	Lancaster
BARR, MD, William B	Lehigh
BARR JR, MD, James H	Allegheny
BARRAS, MD, David I	Luzerne
BARRER, MD, Mitchell J	Bucks
BARRER, MD, Steven J	Montgomery
BARRERA, MD, Anthony M	Allegheny
BARRETT, ANDREW M	Student
BARRETT, MD, George S	Northampton
BARRETT, MD, James P	Berks
BARRETT, MD, John L	Allegheny
BARRETT, MD, John S	Berks
BARRETT, MD, Judith N	Lehigh
BARRETT, MD, Michael J	Philadelphia
BARRETT, MD, Stephen J	Lehigh
BARRETT, MD, William A	Allegheny
BARRINGER, MD, Lydia R	Philadelphia
BARRIOS, MD, Antonio	Philadelphia
BARRIOS, MD, Mario F	Berks
BARRIS, MD, Bruce J	Bucks
BARRIST, MD, Ellis M	Philadelphia
BARRON, MD, Kenneth G	Allegheny
BARRY, MD, Brenda M	Philadelphia
BARRY, MD, William E	Philadelphia
BARRY, MD, William J	Chester
BARSKY, DO, Howard E	Philadelphia
BARSOUM, MD, Adib H	Westmoreland
BARSZCZOWSKI JR, MD, Peter J	Lawrence
BARTAL, SHARON A	Student
BARTGES, MD, John D	Lancaster
BARTH, MD, Maury C	Allegheny
BARTH, MD, Michael	Philadelphia
BARTHO, MD, Blaine F	Perry
BARTHOLOMEW, MD, William W	Greene
BARTLE JR, MD, Harvey	Montgomery
BARTLETT, MD, Glen S	Dauphin
BARTLETT JR, MD, Frederick H	Montgomery
BARTO, MD, Jack W	Cambria
BARTOLANZO, MD, Robert A	Allegheny
BARTOLET, MD, Terry L	Northampton
BARTON, MD, F Jane	Dauphin
BARTON, MD, James C	Franklin
BARTON, MD, John O	Dauphin
BARTON, MD, Mary C	Dauphin
BARTON, MD, Robert L	Lebanon
BARTOS, MD, Joseph E	Northampton
BARTOS, MD, Sylvia A	Washington
BARTUSIS, MD, Mary A	Bucks
BARTUSKA, MD, Doris G	Philadelphia
BARUA, MD, Subrata P	Westmoreland
BARUSEWYCZ, MD, Sr Maria N	Philadelphia
BARZYK, MD, Peter P	Erie
BASAK, MD, Bijan K	Potter
BASH, KAREN	Allegheny
BASHARA, MD, Thomas J	Lawrence
BASHLINE, DO, Bruce S	Dauphin
BASHLINE, MD, Don L	Mercer
BASHLINE, MD, H Woodrow	Mercer
BASHORE JR, MD, Robert M	Lancaster
BASILE, MD, Joseph	Blair
BASKA, MD, John K	Beaver
BASKIN, MD, Andrew J	Chester
BASOM, MD, Donald E	Mifflin/Juni
BASS, MD, Eric B	Allegheny
BASSALY, MD, Rifaat R	Lawrence
BASSERT, MD, David E	Bucks

BASSETT, MD, James G	Philadelphia
BASSILIOS, MD, Fouad A	Allegheny
BAST, MD, William R	Adams
BASTIAN, MD, Grace A	Philadelphia
BASTIAN, MD, James R	Lycoming
BATAILLE, MD, Jacques A	Mercer
BATCHELDER, MD, Barron M	Berks
BATCHELET, DO, Richard B	Delaware
BATES, MD, James S	Montour
BATES JR, MD, Ollice	Montour
BATHRICK, MD, Charles E	Erie
BATIPPS JR, MD, Percy O	Delaware
BATLUCK, DO, David J	Lackawanna
BATOFF, MD, Milton A	Philadelphia
BATORY, MD, Katherine H	Centre
BATRA, MD, Preet M	Philadelphia
BATTAFARANO, MD, Leonard A	Philadelphia
BATTAFARANO, MD, Nicholas C	Chester
BATTAFARANO, RICHARD J	Student
BATTERTON, MD, Thomas D	Philadelphia
BATTISTA, MD, Frank J	Dauphin
BATTS JR, MD, James A	Philadelphia
BATZER, MD, Frances R	Philadelphia
BAUDER, MD, Elizabeth S	Lehigh
BAUER, MD, Frank L	Allegheny
BAUER, GREGORY J	Student
BAUER, MD, James E	Armstrong
BAUER, MD, John A	Armstrong
BAUER, MD, Robert L	Lebanon
BAUER, MD, Roberta E	Allegheny
BAUER, MD, Thomas L	York
BAUER, MD, William F	Allegheny
BAUERSFELD, MD, S Richard	Allegheny
BAUM, MD, Edgar S	Lehigh
BAUM, MD, Neil B	Venango
BAUM, MD, Sheldon F	Delaware
BAUM, MD, Stanley	Philadelphia
BAUM-BARVIE, MD, Alicia	Westmoreland
BAUMANN, MD, Brenda K	Clearfield
BAUMANN, MD, Thomas L	Clearfield
BAUMGARTEL, MD, Ira E	Allegheny
BAUMWELL, MD, Ivan A	Allegheny
BAUSCH, MD, Andrew N	Lehigh
BAUSCH, MD, Richard D	Lehigh
BAUSCH JR, MD, Frederick R	Lehigh
BAUTISTA, MD, Primo V	Westmoreland
BAUZON, MD, Narciso C	Schuylkill
BAVER, MD, George A	Montgomery
BAXTER, MD, John A	Montour
BAYANI JR, MD, Eladio Y	Westmoreland
BAYER, DO, Jay D	Franklin
BAYER, MD, Joseph F	Washington
BAYLOR, MD, Richard D	Lehigh
BAYRI, MD, Mehmet F	Lehigh
BAYUK, MD, John D	Beaver
BAYUK, MD, Julian M	Montgomery
BAZARGANI, MD, Tawoos	Philadelphia
BAZARNIC, MD, Margaret L	Philadelphia
BAZMI, MD, Hassan	Allegheny
BAZMI, MD, Neptune K	Allegheny
BAZRON, MD, Herbert	Allegheny
BAZYLAK, MD, Robert A	Crawford
BAZZOUI, MD, Widad	Mckean
BEACH, MD, John E W	Dauphin
BEACHER JR, MD, George W	Lancaster
BEACHLER, MD, John S	Allegheny
BEACHLEY, MD, Michael C	Allegheny
BEACHY, MD, Ivan E	Cumberland
BEACHY, MD, Stanley C	Cumberland
BEALE, MD, Benjamin R	Dauphin
BEALER, MD, John D	Northampton
BEALL, MD, Sandra C	Lycoming
BEAM, DO, Walter D	Westmoreland
BEAN, MD, Carl B	Butler
BEANE, MD, Howard C	Dauphin
BEANE, MD, Susan J	Philadelphia
BEAR, DO, Robert S	Philadelphia
BEARD, DENISE M	Allegheny
BEARDWOOD, MD, Donald M	Montgomery
BEATON, DO, David L	Erie
BEATTY, MD, Albert C	Philadelphia
BEAUCHAMP JR, MD, Eugene W	Philadelphia
BEAUDREAU, MD, David G	Allegheny
BEAUGARD, MD, Mark E	Chester
BEAUSANG, MD, Thomas	Schuylkill
BEAVEN, MD, Barry J	York
BEAVER, MD, Warren J	Erie
BECER, MD, Mark E	Berks
BECK, MD, Aaron T	Philadelphia
BECK, MD, Allan G	Philadelphia
BECK, MD, Bonny L	Montour
BECK, MD, Christine H	Northampton
BECK, MD, Donald E	Mercer
BECK, MD, Gerald	Erie
BECK, MD, Gunhilde M	Dauphin
BECK, MD, Jan	Bradford
BECK, DO, Jonathan E	Montgomery
BECK, MD, Robert H	Huntingdon
BECK, MD, Ronald C	Allegheny
BECK, MD, Sidney	Philadelphia
BECK, MD, Thomas R	Philadelphia
BECK, MD, William C	Bradford
BECK JR, MD, William C	Montgomery
BECK JR, MD, William W	Philadelphia
BECKER, MD, Andrea J	Montgomery
BECKER, MD, Bruce	Columbia
BECKER, MD, Carl K	Lebanon
BECKER, MD, Hilary J	Lancaster
BECKER, MD, Irwin	Philadelphia
BECKER, MD, Joseph M	Philadelphia
BECKER, MD, Keith R	Montour
BECKER, MD, Martin S	Northampton
BECKER, MD, Stephen E	Blair
BECKER, MD, Ward G	Berks
BECKLEY, MD, Robert F	Lycoming
BECKMAN, EVAN M	Student
BECKMAN, DO, Irwin	Allegheny
BECKWITH, MD, William R	Delaware
BEDFORD, MD, Richard A	Philadelphia
BEDGER JR, MD, Richard C	Westmoreland
BEDNAREK, MD, Joseph M	Philadelphia
BEDNAREK, MD, Thomas F	Bradford
BEDNARSKI, MD, Jeffrey J	Erie
BEDNARZ, MD, Wallace W	Lycoming
BEDRICK, MD, Edward L	Philadelphia
BEDROSSIAN, MD, E Howard	Delaware
BEDROSSIAN JR, MD, Edward H	Delaware
BEE, MD, Daniel H	Indiana
BEEBY, MD, James L	Erie
BEECHAM, MD, Clayton T	Montour
BEEFERMAN, BRUCE F	Allegheny
BEEKEY JR, MD, Cyrus E	York
BEEKLEY, MD, William H	Chester
BEEM, MD, John W	Berks
BEERMAN, MD, Curtis A	Cambria
BEERMAN, MD, Herman	Philadelphia
BEERS, MD, Kenneth L	Blair
BEETEL, MD, Christopher J	Berks
BEG, MD, Mirza M	Philadelphia
BEGG, MD, Frank R	Allegheny
BEGGS, MD, Nancy H	Philadelphia
BEGLEY, MD, Christopher J	Blair
BEGUM, MD, Dilwara	Allegheny
BEH, MD, Walter P	Mercer
BEHAR, MD, Robert D	Philadelphia
BEHAR, MD, Solomon	Philadelphia
BEHBEHANIAN, MD, Mahin D	Delaware
BEHJAT, MD, Fa-Ezeh	Philadelphia
BEHLER, SCOTT C	Allegheny
BEHREND, MD, Bernard	Philadelphia
BEHRENDT, MD, Richard P	Mercer
BEHRENS, MD, William E	Lancaster
BEHUN, MD, Joseph M	Allegheny
BEIDLER, MD, Jon G	Franklin
BEIGHE, MD, Denise I	Montgomery
BEILER, MD, David D	Montour
BEITEL JR, MD, Robert J	Lehigh
BEITTEL, MD, James P	Lancaster
BEITTEL JR, MD, Charles R	Dauphin
BEITZEL, MD, James E	Dauphin
BEIZER, MD, Lawrence H	Philadelphia
BEKOE, MD, Seth	Allegheny
BELASCO, MD, Robert N	Montgomery
BELICH, MD, Stephen C	Beaver
BELIS, MD, Theodore E	Blair
BELK, MD, H Dean	Allegheny
BELL, MD, Ella C	Philadelphia
BELL, MD, Gerald	Chester
BELL, MD, H Craig	Montgomery
BELL, MD, Harry J	Philadelphia
BELL, MD, James B	Delaware
BELL, MD, Lawrence D	Beaver
BELL, MD, Louis D	Philadelphia
BELL, MD, Michael C	Beaver
BELL, MD, Randall W	Montgomery
BELL, MD, Richard T	Berks
BELL, MD, Robert L	Chester
BELL, MD, Steven D	Philadelphia
BELL, MD, Thomas G	Clearfield
BELL JR, MD, C Ray	Lebanon
BELL JR, MD, David M	Washington
BELL JR, DO, Joseph W	Venango
BELLA, ISABELITA R	Allegheny
BELLA, MD, Paraluman	Butler
BELLA, MD, Romeo H	Lawrence
BELLANCA JR, MD, Guy L	Westmoreland
BELLARMINO, MD, Francis M	Philadelphia
BELLER, MD, Martin L	Philadelphia
BELLES, MD, Terry A	Lycoming
BELLEW, DO, John H	Lehigh
BELLINGER, MD, Edward L	Tioga
BELLINGER, MD, Mark F	Allegheny
BELLIS, MD, John A	Chester
BELLUS, MD, John J	Montgomery
BELMONT, MD, Donald J	Lehigh
BELMONT, MD, Frank A	Perry
BELMONT, MD, Herman S	Philadelphia
BELMONT, MD, Jonathan B	Montgomery
BELMONT, MD, Owen	Philadelphia
BELOVICH, MD, Debbie L	Dauphin
BELSON, MD, Arthur B	Philadelphia
BELTZ, MD, William R	Lycoming
BEM, MD, Thomas P	Centre
BEMILLER, MD, Carl	Schuylkill
BEMIS, MD, Charles E	Philadelphia
BENACK, MD, Andrea	Philadelphia
BENACK, MD, Carl A	Allegheny
BENAMATI, MD, Christina M	Allegheny
BENCIE, MD, David J	Cambria
BENCKART, MD, Daniel H	Allegheny
BENDER, MD, Barry L	Clinton
BENDER, MD, Bruce R	Monroe
BENDER, MD, George E	Bradford
BENDER, MD, Helene L	Allegheny
BENDER, MD, Joseph	Montgomery
BENDER, MD, Richard J	Allegheny
BENDER, MD, Robert R	Lancaster
BENDER, MD, William A	Franklin
BENDER JR, MD, Frank C	Delaware
BENDERSKY, MD, Gordon	Philadelphia
BENDITT, MD, Philip L	Philadelphia
BENDLIN, MD, Arnaldo	Philadelphia
BENE, MD, Catherine H	York
BENEDICT, MD, John H	Dauphin
BENENSON, MD, Ronald S	York
BENINATI, MD, Daniel D	Chester
BENITEZ, MD, Francisco W	Blair
BENJAMIN, MD, David R	Erie
BENJAMIN, MD, Kenneth W	Philadelphia
BENKINNEY, MD, James A	Philadelphia
BENKO, MD, Stephen T	Cambria
BENKOVIC, MD, Gregory W	Montour
BENNER, MD, John N	Wyoming
BENNER, MD, Priscilla J	Montgomery
BENNER, ROBERT R	Allegheny
BENNER IV, MD, John H	Chester
BENNETT, MD, Edward V	Bradford
BENNETT, MD, Hugh D	Philadelphia
BENNETT, MD, John L	Cambria
BENNETT, MARK A	Student
BENNETT, MD, May H	Allegheny
BENNETT, MD, Michael R	Allegheny
BENNETT, NATHAN L	Student
BENNETT, MD, Peter H	Venango
BENNETT, MD, Raymond L	Susquehanna
BENNETT, MD, Richard H	Philadelphia
BENNETT IV, MD, Joseph S	Montgomery
BENNIGHOF, MD, David C	Beaver
BENOIT, MD, Charles H	Montour
BENOIT, DO, Richard A	Luzerne
BENOVITZ, MD, Burton S	Luzerne
BENSHOFF, MD, Albert M	Cambria
BENSHOFF, MD, Arthur M	Cambria
BENSHOFF, ERICHA R	Student
BENSIMHON, MD, Georges J	Northampton
BENSIMHON, MD, Salomon N	Northampton
BENSON, MD, David R	Centre
BENSON, MD, John R	Philadelphia
BENSON, MARGARET L	Allegheny
BENSON, MD, William E	Philadelphia
BENSY, MD, Joseph J	Allegheny
BENSY, MD, Oliver R	Allegheny
BENT III, MD, George	Allegheny
BENTIVOGLIO, MD, Lamberto G	Philadelphia
BENTLEY, MD, Eugene A	Chester
BENTON, MD, Owen D	Washington
BENTZ, MD, Charles R	Mckean
BENTZ, MD, Michael S	Dauphin
BENTZ, MD, Ralph A	Dauphin
BENTZ, DO, William J	Allegheny
BENZ, MD, Edward J	Northampton
BENZ, MD, Robert L	Montgomery
BENZ JR, MD, George H	Allegheny
BENZEL, MD, Stanley	Lehigh
BEPLER, MD, Charles R	Delaware
BERARDI, MD, Ronald S	Westmoreland
BERBERICH, MD, Walter F	Westmoreland
BERCELI, SCOTT A	Allegheny
BERD, MD, Irvin B	Delaware
BERENBAUM, MD, Paul L	Philadelphia
BERENHOLZ, MD, Leonard P	Philadelphia
BERES, MD, Joseph C	Philadelphia
BERESKY, MD, Barnabas S	Erie
BERESNY, MD, Gerald M	Centre
BEREZ, MD, Franne R	Westmoreland
BERG, MD, Alan P	Philadelphia
BERG, MD, George	Allegheny
BERG, MD, Morton D	Philadelphia
BERG, MD, Philip	Philadelphia
BERG, MD, Saul R	Allegheny
BERGELSON, MD, Victor D	Montgomery
BERGER, MD, Alan	Lehigh
BERGER, MD, Alan S	Philadelphia
BERGER, MD, Bruce C	Philadelphia
BERGER, DO, Gary G	Philadelphia
BERGER, MD, Gary W	Lycoming
BERGER, MD, Harvey J	Chester
BERGER, MD, Jay B	Northampton
BERGER, MD, Karl	Cambria
BERGER, MD, Malcolm P	Allegheny
BERGER, MD, Marc S	Monroe
BERGER, MD, Mark	Dauphin
BERGER, MD, Norman S	Lackawanna
BERGER, STANLEY R	Student
BERGER, MD, Winfried M	Huntingdon
BERGHAUS, MD, Lydia F	York
BERGHER, MD, Moises	Philadelphia
BERGMAN, MD, Elisabeth C	Allegheny
BERGMAN, MD, Martin J	Philadelphia
BERGNES, MD, Manuel A	Montgomery
BERGQUIST, MD, Erick J	Philadelphia
BERING, MD, Joseph P	Lebanon
BERING, MD, Thomas G	Lancaster
BERING JR, JOSEPH P	Student
BERK, MD, David A	Allegheny
BERK, MD, H Roland	Allegheny
BERK, MD, Henry M	Montgomery
BERK, LAWRENCE B	Allegheny
BERK, MD, Myles M	Allegheny
BERK, MD, Nathaniel G	Philadelphia
BERK, MD, Theodore F	Cumberland
BERKEBILE, MD, Paul E	Allegheny
BERKEY, MD, Richard L	Allegheny
BERKHEIMER, MD, George A	Dauphin
BERKHEISER, MD, Samuel W	Dauphin
BERKMAN, MD, Eugene F	Beaver
BERKMAN, MD, Ronald O	Allegheny
BERKOW, MD, Don A	Lancaster
BERKOW, MD, Robert	Montgomery
BERKOWITZ, MD, Alan R	Lancaster
BERKOWITZ, MD, Andrew M	Montgomery
BERKOWITZ, MD, Fred	Allegheny
BERKOWITZ, MD, Henry D	Philadelphia
BERKOWITZ, MD, Morton I	Allegheny
BERKOWITZ, MD, Peter J	Allegheny
BERLEY, MD, Benjamin S	Luzerne
BERLIN, MD, Charles S	Allegheny
BERLIN JR, MD, Cheston M	Dauphin
BERMAN, MD, Arnold T	Philadelphia
BERMAN, MD, Bruce H	Dauphin
BERMAN, MD, Eli	Monroe
BERMAN, MD, Howard J	Westmoreland
BERMAN, MD, Ira J	York
BERMAN, JONAS J	Allegheny
BERMAN, SCOTT S	Student
BERMUDEZ, MD, Armand J	Mercer
BERMUDEZ, MD, Ovidio B	Philadelphia
BERNABEI, MD, Joanne Y	Delaware
BERNACKI, DO, Bernard J	Allegheny
BERNARDINO, MD, Evelina A	Bucks
BERNARDINO JR, MD, Vitaliano B	Bucks
BERNATH JR, MD, Albert M	Montour
BERNBERG, MD, Lawrence	Chester
BERNETT, MD, Gary B	Delaware
BERNETT, MD, Timothy M	Bradford
BERNHARD, MD, John J	Lehigh
BERNHARD, MD, Robert A	Lancaster
BERNOT, MD, Michael P	Philadelphia
BERNS, MD, Leon L	Philadelphia
BERNSTEIN, MD, A Alexander	Lackawanna
BERNSTEIN, MD, Edward D	Allegheny
BERNSTEIN, DO, Henry H	Bucks
BERNSTEIN, MD, Larry	Philadelphia
BERNSTEIN, MD, Mark H	Bucks
BERNSTEIN, MD, Robert	Union
BERNSTEIN, MD, Robert W	Allegheny
BERNSTINE, MD, Earl L	York
BERNSTINE, MD, J Bernard	Philadelphia
BERONILLA JR, MD, Hilarion A	Fayette
BERRY, MD, George J	Allegheny
BERSCHLING, MD, Chester M	Allegheny
BERTA, MD, Julius W	Warren
BERTOLET, MD, Charles B	Berks
BERTOLETTE, MD, Richard D	Berks
BERTOLI, MD, Carol L	Philadelphia
BERTOLI, MD, Robert J	Philadelphia
BERTOLINO, MD, John G	Westmoreland
BERTRAM, MD, Horst N	Lebanon
BERTRAND, BRUCE K	Allegheny
BERTSCH, MD, Albert M	Susquehanna
BERWICK, MD, Evelyn Sue	Allegheny
BERWISH, MD, Neil J	Philadelphia
BESARAB, MD, Anatole	Philadelphia
BESECKER, MD, Joseph A	Lancaster
BESSELMAN, MD, David M	Dauphin
BESSER, MD, Joseph P	Philadelphia
BEST, MD, John W	York
BESWICK, MD, David R	Luzerne
BETANCOURT, MD, Sergio E	Allegheny
BETESH, MD, Joel S	Delaware
BETTINGER, MD, Robert	Allegheny
BETTS, DO, Brooks	Northampton
BETTS, MD, Eugene K	Philadelphia
BETZ, MD, Louis H	Union
BETZ, MD, Randal R	Philadelphia
BEVAN, MD, Emma B	Philadelphia
BEVERLY, MD, Avery W	Philadelphia
BEVERLY JR, MD, Roland S	Philadelphia
BEVILACQUA, MD, Daniel F	Adams
BEVILACQUA, MD, John E	Philadelphia
BEVILACQUA, MD, Lorraine B	Allegheny
BEYER, MD, H Jeanne	Clearfield
BEYER III, MD, Frederick C	Lancaster
BEYER JR, MD, Francis D	Westmoreland
BEYER JR, MD, Karl H	Philadelphia
BEZAHLER, MD, Ronald C	Dauphin
BHAGAT, MD, Pragna R	Monroe
BHAGAT, MD, Rajesh G	Monroe
BHAGWANANI, MD, Drupadi G	Allegheny
BHARGAVE, MD, Usha A	York
BHARK, MD, Philip	Delaware
BHARUCHA, MD, Dilip I	Cambria
BHARUCHA, MD, Shernavaz D	Dauphin
BHASKAR, MD, Ambat G	Somerset
BHATIA, MD, Shyamsunder	Montour
BHATNAGAR, MD, Yudhishter M	Clarion
BHATT, MD, Anjali G	Delaware
BHATT, MD, Mukesh D	Northampton
BHATT, MD, Naresh I	Washington
BHATT, MD, Praful U	Clinton
BHE, MD, H Kwan	Carbon
BHUTANI, MD, Vinod K	Philadelphia
BHUTTA, MD, Omar I	Allegheny
BHYUN, MD, Dae Soo	York
BIALAS, MD, Henry N	Berks
BIALAS, MD, Paul A	Warren
BIALAS, MD, Robert F	Delaware
BIANCA III, MD, Vincent C	Lackawanna
BIANCARELLI, MD, Edmund J	Lackawanna
BIANROSA, MD, John J	Philadelphia
BICHARA, MD, Wahib M	Delaware
BIDULA, MD, Leo P	Allegheny
BIDULA, MD, Maureen M	Allegheny

BIEBER, MD, Larien G	Lancaster
BIEBUYCK, MD, Julien F	Dauphin
BIELE, MD, Flora H	Philadelphia
BIELECKI, MD, William	Susquehanna
BIEMULLER, MD, Martha L	Philadelphia
BIERER, MD, Edward D	Armstrong
BIERI, MD, John W	Dauphin
BIERMANN, MD, William A	Philadelphia
BIESINGER, MD, George J	Blair
BIEVER, MD, John A	Lebanon
BIGGANS, MD, Robert P	Philadelphia
BIGGS, DO, Robert H	Northampton
BIGLAN, MD, Albert W	Allegheny
BIGLER, MD, Robert D	Philadelphia
BIGLEY, MD, Joseph R	Philadelphia
BIGOS, MD, Edward T	Berks
BIKLE, MD, Charles A	Franklin
BIKLE, MD, H Dwight	Adams
BIKOWSKI, MD, Joseph B	Allegheny
BILANIUK, MD, Larissa T	Delaware
BILBAO, MD, Angel	Allegheny
BILDER, MD, Bruce M	Clinton
BILDER, MD, M Joan	Clinton
BILKER, MD, Iris J	Philadelphia
BILKO, MD, Thomas E	Luzerne
BILLAS, MD, Anthony	Montour
BILLIG, MD, Ruth A	Philadelphia
BILSKY, MD, Alan C	Philadelphia
BINAKONSKY, MD, Harry S	Allegheny
BINDER, MD, Mitchell J	Lycoming
BINDIE, MD, Richard P	Schuylkill
BINNICK, MD, Steven A	Montgomery
BINNS, MD, Veronica	Fayette
BINSTOCK, MD, Harold	Allegheny
BIRCH, DO, David R	Allegheny
BIRD, DO, William M	Dauphin
BIRDSALL, MD, Thomas M	Philadelphia
BIRKEL, MD, Paul A	Beaver
BIRNBAUM, MD, Michael D	Philadelphia
BIRO JR, MD, Frank	Northampton
BIRRELL, MD, Donald G	Allegheny
BIRRER, MD, Richard B	Montour
BISACCO, MD, Stephen J	Blair
BISCOTTI, MD, Mauer T	Luzerne
BISHOP, MD, David W	Blair
BISHOP, MD, Harry C	Philadelphia
BISHOP, MD, Poni S	Bradford
BISHOP, MD, Richard L	Bradford
BISHOP, MD, Robert P	Montgomery
BISHOP, MD, Sarah	Philadelphia
BISHOP, MD, Wayne E	Centre
BISHOW, MD, I Ralph	Philadelphia
BISIGNANI, MD, Gabriella M	Lackawanna
BISORDI, MD, Joseph E	Montour
BISSET JR, MD, James F	Northampton
BITETTO, MD, Nicola	Berks
BITMAN, MD, Harold L	Philadelphia
BITMAN, MD, Joseph	Philadelphia
BITNER, MD, Walter P	Dauphin
BITTENBENDER, MD, Joseph	Columbia
BITTINGER, MD, Ralph E	York
BITTNER, MD, Donald E	Lawrence
BIUCKIANS, MD, Edward	Bucks
BIXBY JR, MD, Edward W	Delaware
BIZUP, MD, Thomas	Schuylkill
BJERKE, MD, Richard J	Allegheny
BJORKLUND, MD, Mark D	Dauphin
BLACK, MD, Howard M	Philadelphia
BLACK, MD, Judith E	Allegheny
BLACK, MD, Martin	Philadelphia
BLACK, MD, Milton H	Allegheny
BLACK, MD, Perry	Philadelphia
BLACK, DO, Samuel J	Butler
BLACK JR, MD, Harry A	Allegheny
BLACK JR, MD, William A	Lackawanna
BLACKBURN, DO, James H	Montour
BLACKBURN, MD, Joseph M	Elk/Cameron
BLACKBURN, MD, Lawrence F	Westmoreland
BLACKBURN JR, MD, Laurence H	Bucks
BLACKLOW, MD, Robert S	Philadelphia
BLACKSMITH, DO, James E	Dauphin
BLACKSMITH, DO, William A	Dauphin
BLACKSMITH JR, MD, Gary L	Cumberland
BLAIR, MD, Albert J	Allegheny
BLAIR, MD, Frank W	Philadelphia
BLAISDELL, MD, C Theodore	Lehigh
BLAISURE, MD, Beverly C	Clearfield
BLAKE, MD, Douglas R	Lehigh
BLAKE, MD, Hu A	Philadelphia
BLAKE, MD, Jeffery I	Erie
BLAKE, MD, Karl E	Allegheny
BLAKE, MD, Monroe O	Bradford
BLAKE, MD, Paul O	Delaware
BLAKE JR, MD, Alton D	Montgomery
BLAKELEY, DO, Ann K	Allegheny
BLAKESLEE, DO, Colson E	Jefferson
BLAKLEY, MD, John B	Allegheny
BLANCH, MD, Joseph J	Philadelphia
BLANCHARD, MD, Donovan C	Venango
BLANCO, MD, Lilia D	Monroe
BLAND, MD, C Brinley	Philadelphia
BLANDINO, MD, David A	Allegheny
BLANK, MD, Ira B	Montgomery
BLANK, MD, Samuel	Philadelphia
BLANK, SUSAN	Allegheny
BLANNETT, MD, John D	Delaware
BLANZACO, MD, Andre C	Philadelphia
BLASCO, MD, Luis	Philadelphia
BLASIOL, DO, Joseph J	Lehigh
BLASIOLE, MD, Ralph S	Washington
BLASS, MD, David C	Fayette
BLATCHLEY, MD, Donald M	Westmoreland
BLATT, MD, Mark A	Philadelphia
BLATTER, MD, Mark M	Allegheny
BLAUM JR, MD, Louis C	Bradford
BLAUM SR, MD, Louis C	Luzerne
BLAUSER, MD, Robert B	Berks
BLECHER, MD, Mark H	Philadelphia
BLECKER, MD, David	York
BLEEDEN, MD, Edward M	Delaware
BLEIER, MD, Adolph H	Delaware
BLENDER, DO, Burton	Philadelphia
BLENKO, MD, John W	Allegheny
BLESHMAN, MD, Michael H	Chester
BLESSING, MD, Henry G	Philadelphia
BLEWETT, MD, Charles H	Potter
BLEWITT, MD, George A	Philadelphia
BLIDNER, MD, Martin D	Luzerne
BLINDER, MD, Jeffrey S	Lehigh
BLINKOFF, MD, Barry A	Philadelphia
BLIZZARD, MD, John J	Delaware
BLOCH, MD, Robert S	Northampton
BLOCK, MD, Michael A	Armstrong
BLOCK, MD, Robert A	Philadelphia
BLOCK, MD, Robert C	Cambria
BLOCK, MD, Ronald M	Delaware
BLOCK, MD, Steven	Bucks
BLOCKSTEIN, MD, Robert S	Allegheny
BLODGETT JR, MD, Randolph C	Montour
BLOES, MD, Walter S	Lackawanna
BLOISO, MD, Glenn T	Lycoming
BLOM, MD, Bohen M F	Lycoming
BLOM, MD, Johannes	Lycoming
BLOMAIN, MD, E William	Lackawanna
BLOMAIN, MD, Eric W	Lackawanna
BLOOD JR, MD, Joseph B	Bradford
BLOOD JR, MD, Raymond G	Philadelphia
BLOOM, MD, Benjamin H	Philadelphia
BLOOM, MD, Edward I	Philadelphia
BLOOM, MD, Frederick J	Luzerne
BLOOM, MD, Joseph	Philadelphia
BLOOM, MD, Joseph B	Allegheny
BLOOM, MD, Lawrence H	Philadelphia
BLOOM, MD, Marvin A	Westmoreland
BLOOMGARDEN, MD, Raphael T	Philadelphia
BLORE JR, MD, James P	Bucks
BLOSE, MD, Linda K	Northampton
BLOTZER, MD, John W	York
BLOUGH, MD, Herbert A	Philadelphia
BLOUGH, MD, Leland S	Allegheny
BLUE, MD, Vincent P	Bucks
BLUEMLE JR, MD, Lewis W	Philadelphia
BLUESTEIN, MD, David D	Allegheny
BLUESTEIN, HARVEY J	Allegheny
BLUESTEIN, MD, Hazel M	Montgomery
BLUESTONE, MD, Charles D	Allegheny
BLUM, MD, Larry W	Philadelphia
BLUM, MD, Richard H	Luzerne
BLUMBERG, MD, Alexander W	Lycoming
BLUMBERG, MD, Baruch S	Philadelphia
BLUMBERG, MD, Myron L	Philadelphia
BLUME, MD, Robert P	Allegheny
BLUMENFELD, MD, Kenneth S	Philadelphia
BLUMENSCHEIN, MD, Gertrude	Fayette
BLUMENTHAL, MD, Andrew R	Montgomery
BLUMENTHAL, MD, Charles	Philadelphia
BLUMENTHAL, MD, Jeffrey R	Bucks
BLUMENTHAL, MD, Sherry L	Philadelphia
BLUMSTEIN, MD, Charles G	Montgomery
BLUMSTEIN, MD, George I	Philadelphia
BLYTHE, MD, Peggy J	Washington
BOAL, MD, Danielle K	Dauphin
BOAL, MD, Erwin S	Beaver
BOAL, MD, Richard J	Dauphin
BOAL JR, MD, John H	Beaver
BOBAK, MD, Leopold	Fayette
BOBAK, MD, Wladyslaw	Fayette
BOBBY, DO, John L	Allegheny
BOBECK, MD, Henry S	Luzerne
BOBECK, MD, Joseph J	Luzerne
BOBEK, MD, Francis B	Columbia
BOBEN, MD, William R	Luzerne
BOBICK, MD, Frank	Carbon
BOBIN, MD, John J	York
BOCCAGNO, MD, Phillip A	Lackawanna
BOCHER, MD, Jack	Chester
BODE JR, MD, Frederick W	Allegheny
BODEK, MD, Alvin M	Allegheny
BODMER, MD, Meral O	Northmbrland
BOEHMLER, MD, William J	Berks
BOEHNKE, MD, Manfred	Allegheny
BOGDANOFF, MD, Bruce M	Delaware
BOGDEWIC, MD, Thomas A	Allegheny
BOGEN, MD, Craig A	Philadelphia
BOGER, MD, William P	Philadelphia
BOGIN, MD, Robert M	Bucks
BOGNER, MD, Edward W	Northmbrland
BOGUCKI, MD, Edwin I	Delaware
BOGUCKI, FRED R	Student
BOHARAS, MD, Saul	Allegheny
BOHLENDER, MD, George P	Erie
BOHN, MD, Mark W	Luzerne
BOHNENBLUST, MD, Walter R	Schuylkill
BOHNENBLUST JR, MD, Walter R	Berks
BOHNER, MD, Mary F	Allegheny
BOICE, MD, G Newton	Allegheny
BOK, MD, John B	Chester
BOKSENBAUM, MD, Mervin	Allegheny
BOLAND, MD, Stanley W	Lackawanna
BOLAND JR, MD, Francis B	Bucks
BOLANOVICH, MD, Lester J	Allegheny
BOLANOWSKI, MD, Deborah J	Bucks
BOLDEN, MD, Mary C	Allegheny
BOLDEN, MD, Patrick T	Perry
BOLDEN, MD, Richard O	Allegheny
BOLES, VELVA	Allegheny
BOLINE, GEORGE B	Allegheny
BOLINGER, MD, Mark S	Huntingdon
BOLLERS, MD, Helena R	Philadelphia
BOLMARCICH, MD, Virginia D	Delaware
BOLNO, DO, Charles M	Philadelphia
BOLOTIN, MD, Joseph H	Mercer
BOLTON, MD, Howard A	Allegheny
BOLUS, MD, Charles M	Lackawanna
BONACCI, MD, Richard J	Luzerne
BONACCORSI, MD, Diane T	Berks
BONADIO, MD, Peter M	Allegheny
BONAFEDE, MD, Peter L	Dauphin
BONAKDAR-POUR, MD, Akbar	Philadelphia
BONAN, MD, A Ferdinand	Philadelphia
BONANNI, MD, Loretta D	Chester
BONCHEK, MD, Lawrence I	Lancaster
BONDI, MD, Edward Edge	Philadelphia
BONDI, MD, Frank R	Allegheny
BONDI, MD, Richard P	Allegheny
BONDY, MD, Thomas J	Cambria
BONEKEMPER, MD, Thomas W	Lehigh
BONESSI, MD, James V	Allegheny
BONESSI EXEC SEC, MRS COBY	Washington
BONET, MD, Luis	Allegheny
BONEY, MARK A	Student
BONGIOVANNI, DO, Andrew G	Chester
BONI JR, MD, Dino R	Washington
BONIFACE, MD, Dolores J	Allegheny
BONITA, MD, Raphael	Luzerne
BONNER, MD, Dennis J	Bucks
BONNER, MD, James F	Delaware
BONNER, MD, Mary J	Berks
BONNER, MD, Robert A	Lycoming
BONNER, MD, Robert E	Montgomery
BONNER, MD, William F	Bucks
BONNER JR, MD, Francis J	Montgomery
BONNET, MD, Christopher A	Allegheny
BONO, MD, John	Armstrong
BONONI, MD, Paula A	Montgomery
BONOS III, MD, Charles T	Lehigh
BONTEMPO, MD, Franklin A	Beaver
BONUCCI, MD, Bruno L	Fayette
BOO, MD, Ki T	Lehigh
BOOK, MD, Morris M	Beaver
BOOKERT, MD, Charles C	Allegheny
BOOKHAMMER, MD, Robert S	Philadelphia
BOOKWALTER, MD, John W	Allegheny
BOONE, MD, Leslie J	Allegheny
BOONIN, MD, Alan	Luzerne
BOONSWANG, MD, Pricha	Northampton
BOONVISUDHI, MD, Thumrong	Fayette
BOOR, MD, John W	Delaware
BOOTH, MD, George	Allegheny
BOOTH JR, MD, Robert E	Philadelphia
BOOVA, MD, Robert S	Delaware
BORA, MD, Gulderen N	Montgomery
BORAN, MD, Robert P	Schuylkill
BORAN, MD, Thomas V	Philadelphia
BORDEN, MD, Anthony G	Philadelphia
BORDEN, DO, Stanley J	Montgomery
BORECKY, MD, David C	Cambria
BORETSKY, MD, Harry	Allegheny
BORETSKY, MD, Robert H	Allegheny
BORGER, MD, Lee J	Warren
BORGIA, MD, Frank A	Allegheny
BORIOSI, MD, Guido D	Lackawanna
BORIS, DO, Walter J	Dauphin
BORJA, MD, Rogelio I	Butler
BORKOVIC, MD, Embrie J	Beaver
BORKOW, MD, Joel E	Cambria
BORKOWSKI, MD, Bernard B	Philadelphia
BORKOWSKI, MD, Winslow J	Philadelphia
BORNS, MD, Patricia F	Philadelphia
BORNSTEIN, MD, Barry	Clinton
BORNT, MD, Marsha D	York
BORON, MD, Robert J	Clearfield
BORON, MD, Ronald L	Allegheny
BORON, MD, Stella M	Indiana
BOROW, MD, Lawrence S	Philadelphia
BOROW, MD, Sydney	Philadelphia
BOROWSKI, MD, Gregory D	Lackawanna
BOROWSKY, MD, Larry M	Philadelphia
BORRA, MD, Bolliaih	Luzerne
BORRISON, MD, Joseph A	Allegheny
BORTIN, MD, Leonard	Philadelphia
BORTNER, MD, Donald L	York
BORTZ, ALAN D	Allegheny
BORTZ, MD, Donald W	Westmoreland
BORUS, MD, Harry E	Allegheny
BOSACCO, MD, Stephen J	Philadelphia
BOSCHA, MD, Kenneth W	Westmoreland
BOSCHETTI, DO, John	Delaware
BOSELLI, MD, Bruce D	Bradford
BOSLEY, MD, Thomas M	Philadelphia
BOSSBALY, MD, Jose A	Philadelphia
BOSSE, MD, Milton D	Allegheny
BOTKIN, MD, Lester H	Allegheny
BOTT, MD, Andrew C	Philadelphia
BOUCHARD, MD, Roger	Clearfield
BOUCHER, MD, William F	Lehigh
BOURDAKOS, MD, Nicolas G	Allegheny
BOUVIER, MD, Marianne	Allegheny
BOVE, MD, Frank A	Philadelphia
BOVE, MD, Richard L	Philadelphia
BOWEN, MD, Dale T	Lehigh
BOWEN III, MD, Adelbert	Allegheny
BOWEN JR, MD, Frank W	Philadelphia
BOWEN JR, MD, Thales	Montgomery
BOWER, MD, Harry B	Dauphin
BOWER, MD, James H	Dauphin
BOWER, MD, James N	Lawrence
BOWER, MD, John R	Berks
BOWER, MD, Robert	Philadelphia
BOWER, MD, Robert J	Chester
BOWER, MD, Samuel C	Clinton
BOWER SR, MD, John R	Berks
BOWERS, MD, Barbara A	Berks
BOWERS, MD, David N	Berks
BOWERS, MD, David W	Lancaster
BOWERS, MD, Leroy W	Blair
BOWERS, MD, Paul A	Philadelphia
BOWERS, MD, Roger P	Bradford
BOWERS, STEVEN K	Allegheny
BOWES, MD, Donald E	Montour
BOWIE, MD, Morris A	Montgomery
BOWMAN, MD, David H	Blair
BOWMAN, MD, Herbert S	Dauphin
BOWMAN, MD, James E	Philadelphia
BOWMAN, MD, John H	Lancaster
BOWMAN, MD, Michael W	Allegheny
BOWMAN, MD, Sallyann	Philadelphia
BOWMAN JR, MD, Douglas F	Mckean
BOWMAN JR, MD, Thomas E	Dauphin
BOXER, MD, Arthur D	Montgomery
BOYD, MD, Dale W	Schuylkill
BOYD, MD, Kenneth J	Delaware
BOYD, MD, Robert L	Delaware
BOYD, MD, William J	Dauphin
BOYEK, MD, Michael F	Bradford
BOYER, MD, George S	Lehigh
BOYER, MD, Randal A	Philadelphia
BOYER, MD, Walter E	Venango
BOYKIW, MD, Mark E	Indiana
BOYKIW, MD, Russel A	Clearfield
BOYLAN, MD, James J	Northampton
BOYLAN, MD, Raymond J	Allegheny
BOYLE, MD, Bruce C	Westmoreland
BOYLE, MD, Denis A	Chester
BOYLE, MD, Hugh G	Luzerne
BOYLE, MD, James W	Allegheny
BOYLE, MD, L Eamonn	York
BOYLE, MD, Richard C	Erie
BOYLE, MD, William H	Luzerne
BOYLE JR, MD, Denis A	Delaware
BOYLER, MD, Lawrence J	Franklin
BOYSEN, MD, Homer	Schuylkill
BOZIC, MD, Albert F	Lycoming
BOZIC, MD, William F	Allegheny
BRAAT, KEVIN	Student
BRABENDER, REBECCA R	Allegheny
BRABSON, MD, Howard W	Beaver
BRACE, MD, Frederick H	Philadelphia
BRACKBILL, MD, Elizabeth J	Berks
BRACKBILL, MD, Robert M	Berks
BRACKEN, MD, Mark M	Allegheny
BRACKIN, MD, George G	Bucks
BRACKIN, MD, Phillip S	Montgomery
BRACKIN JR, MD, John T	Montgomery
BRADEN, MD, Geoffrey L	Philadelphia
BRADEN JR, MD, Frank R	Allegheny
BRADER, MD, Eric W	Allegheny
BRADFORD, MD, Bradley J	Allegheny
BRADFORD, MD, John D	Chester
BRADFORD, MD, Paul L	Montgomery
BRADLEY, MD, Betty H	Allegheny
BRADLEY, MD, Samuel M	Cambria
BRADLEY, MD, Vernon F	Blair
BRADLEY JR, MD, Robert H	Philadelphia
BRADLEY JR, MD, William P	Allegheny
BRADSHAW JR, MD, William A	Allegheny
BRADY, MD, Anna M	Philadelphia
BRADY, MD, Douglas F	Westmoreland
BRADY, MD, James P	Philadelphia
BRADY, MD, John C	Luzerne
BRADY, MD, John P	Luzerne
BRADY, MD, Joseph A	Montgomery
BRADY, JOSEPH J	Student
BRADY, MD, Luther W	Philadelphia
BRAFFMAN, MD, Michael N	Philadelphia
BRAGDON, MD, Robert W	Allegheny
BRAGER, ROBERT J	Allegheny
BRAHMAKULAM, MD, Paul M	Mifflin/Juni
BRAILER, MD, David J	Philadelphia
BRAITMAN, MD, Robert A	Philadelphia
BRAJER, MD, Jason	Philadelphia
BRALLIER, MD, Hugh W	Westmoreland
BRALOW, MD, S Philip	Philadelphia
BRAMOWITZ, MD, Alan D	Allegheny
BRANAS, DO, John A	Lancaster
BRANCA, MD, Paul A	Philadelphia
BRAND, MD, Carol E	Allegheny
BRANDFASS, MD, W Taylor	Delaware
BRANDMAN, MD, Ita S	Philadelphia
BRANDON, MD, Jeffrey C	Delaware
BRANDON, MD, John M	Washington
BRANDON, MD, Phyllis K	Armstrong
BRANDSTETTER, MD, Louis H	Allegheny
BRANDT, MD, Craig S	Allegheny
BRANDT, MD, John P	Clinton

BRANDT, MD, Robert I	Beaver
BRANDY, MD, Dominic A	Allegheny
BRANIN, DO, Bruce K	Lackawanna
BRANSCUM, MD, George P	Cumberland
BRANT, MD, Carl E	Westmoreland
BRASHER, MD, Bruce M	Northampton
BRASILE, DO, Domenick J	Erie
BRASLOW, MD, Norman H	Delaware
BRAU, MD, Alan S	Philadelphia
BRAUN, MD, Jean B	Fayette
BRAUN, MD, Thomas M	Washington
BRAUN III, MD, William P	Northampton
BRAUNEGG JR, MD, Paul W	Dauphin
BRAUNFELD, DO, Robert	Delaware
BRAV, MD, Solomon S	Philadelphia
BRAVEMAN, MD, Bernard L	Allegheny
BRAVETTE, MD, Barry A	Philadelphia
BRAY, MD, John S	Dauphin
BRAY, MD, Joseph B	Chester
BRAY, MD, Joshua C	Montgomery
BRAY, MD, Susan H	Philadelphia
BRAY, MD, William C	Montgomery
BRAYMAN, MD, Kenneth L	Philadelphia
BRAZEL, MD, Joseph F	Cumberland
BREARLY, MD, Wayne R	Allegheny
BRECHER, MD, Eugene	Philadelphia
BRECHER, MD, Jeffrey A	Bucks
BRECKENRIDGE, MD, John W	Montgomery
BREEN, MD, Philip C	Montour
BREGAR, MD, Frank W	Allegheny
BREHM, MD, Hans H	Monroe
BREIN, MD, Kenneth R	York
BREIT, MD, Robert N	Washington
BREITE, MD, Herbert J	Bradford
BREITFELD, MD, Volker	Allegheny
BREMER, MD, Harry J	Cambria
BRENEMAN, MD, John W	Franklin
BRENES, MD, Gilbert	Allegheny
BRENMAN, MD, Arnold K	Philadelphia
BRENNAN, MD, James T	Philadelphia
BRENNAN, MD, John P	Luzerne
BRENNAN, MD, Joseph E	Philadelphia
BRENNAN, MD, Richard E	Beaver
BRENNAN, MD, Robert W	Dauphin
BRENNAN, MD, Russell J	Philadelphia
BRENNEMAN, MD, Paul G	Bucks
BRENNEMAN, MD, Richard E	Northampton
BRENNEN, MD, Robert F	Lehigh
BRENNER, MD, Barry S	Philadelphia
BRENNER, MD, Louis O	Dauphin
BRENNER, DO, Richard P	Philadelphia
BRENNER, MD, Sidney	Philadelphia
BRENNER, MD, Sophie A	Philadelphia
BRENT, MD, Lawrence B	Allegheny
BRENT, MD, Nancy B	Allegheny
BRERETON, MD, Harmar D	Lackawanna
BRERETON, MD, William F	Erie
BRESLER, MD, R Ralph	Philadelphia
BRESLIN, MD, Joseph A	Lancaster
BRESLOW, MD, Irwin H	Philadelphia
BRESS, MD, James C	Allegheny
BRESSI JR, MD, Thomas E	Montgomery
BREST, MD, Albert N	Philadelphia
BREST, MD, Norman A	Montgomery
BRESTICKER, DAVID H	Allegheny
BRETHAUER JR, MD, Edward A	Allegheny
BRETT III, MD, George W	Beaver
BRETZ, MD, Karen A	Lehigh
BREVETTA, MD, Richard J	Mercer
BREWER, MD, Robert H	Lancaster
BREZIN, MD, Joseph H	Philadelphia
BRIANT JR, MD, William W	Allegheny
BRICE, MD, Judith A	Allegheny
BRICKER, MD, Samuel Q	Franklin
BRICKHOUSE, MD, Herman M	Lycoming
BRICKLEY, MD, Kenneth S	Clinton
BRICKNELL, MD, Paul P	Dauphin
BRIDE, DO, Thomas P	York
BRIDENBAUGH, MD, G Alan	Clinton
BRIDENBAUGH, MD, Robert P	Blair
BRIDGENS, DO, Nancy K	Chester
BRIDGMAN, MD, Peter A	Philadelphia
BRIER, MD, Peter M	Dauphin
BRIGHTON, MD, Carl T	Philadelphia
BRIGNOLA, MD, Michael P	Philadelphia
BRILL, MD, David R	Montour
BRILL, MD, Francis W	Lackawanna
BRILL, MD, Joseph M	Delaware
BRILLIANT, MD, Anna	Philadelphia
BRILLMAN, MD, Jon	Allegheny
BRILLMAN, MD, Nathan	Philadelphia
BRINDISI, MD, Gaetano	Philadelphia
BRINGHURST, MD, Louis S	Chester
BRINK, MD, Earl J	Allegheny
BRINKMEYER, DO, Scott D	Allegheny
BRINZ, MD, Laura A	Allegheny
BRISINI, MD, Patrick D	Cambria
BRISKIN, MD, Jonathan A	Delaware
BRISTER, MD, Randy	Bucks
BRITTON, MD, L Lynne	Dauphin
BRIZUELA, MD, Hernan R	Philadelphia
BROAD, MD, Louis T	Philadelphia
BROAD, MD, Todd H	Bucks
BROADHEAD, MD, Richard	Allegheny
BROBYN, MD, Thomas J	Philadelphia
BROCK, MD, Charlene M	Philadelphia
BROCK, MD, David C	Blair
BROCK, MD, Richard R	Dauphin
BROCKMAN, MD, Stanley K	Philadelphia
BROCKMYER, MD, M Lawrence	Erie
BROD, MD, Robert C	Delaware
BRODER, MD, George J	Philadelphia
BRODIE, MD, Donald E	Bucks
BRODIS, MD, Walter E	Mckean
BRODMERKEL JR, MD, George J	Allegheny
BRODOVSKY, MD, Harvey S	Philadelphia
BRODSKY, MD, Isadore	Philadelphia
BRODSKY, MD, Norman J	Philadelphia
BRODSKY, DO, Randall I	Philadelphia
BRODSKY, MD, Robert L	Allegheny
BRODSKY, MD, Steven G	Beaver
BRODY, MD, Jerome I	Philadelphia
BRODY, MD, Julia B	Philadelphia
BRODY, MD, Morris W	Philadelphia
BRODY, MD, Ronald L	Philadelphia
BROENNLE, MD, A Michael	Philadelphia
BROGAN, MD, Edmund J	Philadelphia
BROGAN, MD, John J	Philadelphia
BROGAN, MD, Louis E	Philadelphia
BROHM, MD, Charles G	Jefferson
BROMBERG, MD, Jonathan	Philadelphia
BROMBERG, MICHAEL E	Student
BROMMER, MD, Oliver R	Philadelphia
BRON, MD, Klaus M	Allegheny
BRONFMAN, MD, Alexander	Philadelphia
BRONFMAN, MD, Howard J	Dauphin
BRONITSKY, MD, Barbara G	York
BRONITSKY, MD, Carl N	Dauphin
BRONSTEIN, MD, Howard D	Philadelphia
BRONSTEIN, MD, Judith B	Philadelphia
BRONSTEIN, MD, Robert M	Philadelphia
BRONSTEIN, MD, Seymour B	Luzerne
BROOKS, MD, Charles M	Lehigh
BROOKS, MD, Daniel H	Allegheny
BROOKS, MD, Dennis L	Philadelphia
BROOKS, DO, Frank J	Clarion
BROOKS, MD, Frank P	Philadelphia
BROOKS, MD, Gerald M	Crawford
BROOKS, MD, Harry R	Dauphin
BROOKS, MD, Jack C	Lawrence
BROOKS, MD, James L	Greene
BROOKS, MD, Jane F	Wayne/Pike
BROOKS, DO, John E	Clarion
BROOKS, DO, John M	Clarion
BROOKS, MD, Robert	Philadelphia
BROOKS, MD, Ronald J	Montgomery
BROOKS, DO, Timothy S	Clarion
BROOKS III, MD, James L	Allegheny
BROOKS JR, MD, Clint E	Delaware
BROPHY, MD, Dow E	Cumberland
BROSCIUS, MD, Benjamin M	Northmbrland
BROSELOW, MD, David D	Philadelphia
BROSKEY, DO, Richard D	Philadelphia
BROSNAN, MD, William J	Philadelphia
BROSS, MD, James E	Montour
BROSTOFF, MD, Leon M	Allegheny
BROSTOFF, MD, Philip	Allegheny
BROTHERSON, MD, Gary T	Erie
BROUARD, YVONNE J	Allegheny
BROUDO, MD, Samuel F	Philadelphia
BROUDY, MD, Arnold S	Allegheny
BROUGHER, MD, David E	Allegheny
BROUILLETTE, MD, Douglas E	Allegheny
BROUSSARD, MD, Elsie R	Allegheny
BROUSSEAU, DAVID A	Student
BROWN, MD, Andrew J	Allegheny
BROWN, MD, Arthur C	Erie
BROWN, MD, Charles R	Allegheny
BROWN, MD, Christopher L	Lehigh
BROWN, MD, Clark E	Philadelphia
BROWN, MD, Donald C	Westmoreland
BROWN, MD, Doyle H	Bradford
BROWN, MD, Elizabeth B	Delaware
BROWN, MD, Frederick G	Montour
BROWN, MD, Fredric S	Luzerne
BROWN, MD, Gary C	Philadelphia
BROWN, MD, George L	Montgomery
BROWN, MD, H Zane	Lancaster
BROWN, MD, Harold E	Montour
BROWN, MD, J Oliver	Philadelphia
BROWN, DO, Janet L	Chester
BROWN, MD, John E	Venango
BROWN, MD, John L	Clinton
BROWN, MD, John M	Northampton
BROWN, MD, Joy M	Monroe
BROWN, MD, Kenneth R	Philadelphia
BROWN, MD, Lamont D	York
BROWN, MD, Manson	Venango
BROWN, DO, Marion L	Delaware
BROWN, MD, Mark S	Potter
BROWN, MD, Matthew G	Mercer
BROWN, MD, Michael D	Union
BROWN, MD, Michael E	York
BROWN, MD, Nathan	Chester
BROWN, MD, Ralph R	Indiana
BROWN, MD, Raymond D	Philadelphia
BROWN, MD, Richard L	Philadelphia
BROWN, MD, Richard V	Allegheny
BROWN, MD, Robert B	Allegheny
BROWN, MD, Robert E	Lancaster
BROWN, MD, Robert L	Luzerne
BROWN, MD, Sheila	Northampton
BROWN, MD, Sylvan	Lackawanna
BROWN, MD, William E	Mercer
BROWN, MD, William E	Montgomery
BROWN, DO, William P	Dauphin
BROWN 5TH, MD, Thomas W	Bucks
BROWN III, MD, Dewitt C	Montgomery
BROWN JR, MD, Frank E	Chester
BROWN JR, MD, James T	Allegheny
BROWN JR, MD, Joseph S	Mifflin/Juni
BROWN JR, MD, Louis A	Philadelphia
BROWN JR, MD, M Evans	Montgomery
BROWN JR, MD, William C	Bucks
BROWN-ABBOTT, MD, Lorna P	Allegheny
BROWN-BIEBER, MD, Dale E	Lebanon
BROWNE, MD, Laurence T	Philadelphia
BROWNGOEHL, MD, Kevin H	Delaware
BROWNGOEHL, MD, Laurie A	Chester
BROWNSTEIN, MD, Bruce Keith	Montgomery
BROWNSTEIN, MD, Israel E	Philadelphia
BROWNSTEIN, MD, Phillip K	Philadelphia
BRUBAKER, MD, Elwood R	Berks
BRUBAKER, MD, J Kenneth	Lancaster
BRUBAKER, MD, Jacob H	Lancaster
BRUBAKER, MD, Paul E	Lancaster
BRUBAKER, MD, Warren W	Dauphin
BRUBAKER JR, MD, Herman W	Franklin
BRUCE, MD, William B	Union
BRUCKER, MD, Alexander J	Philadelphia
BRUCKER, MD, Paul C	Philadelphia
BRUNDAGE, MD, John T	Lackawanna
BRUNDAGE, MD, Robert P	Lackawanna
BRUNETT, PATRICK H	Allegheny
BRUNGO, MD, James J	Allegheny
BRUNGO, MD, John A	Allegheny
BRUNGO, MD, John D	Allegheny
BRUNING III, CARL O	Allegheny
BRUNN JR, MD, Henry M	Allegheny
BRUNNER, MD, Richard A	Philadelphia
BRUNO, MD, Carmen S	Allegheny
BRUNO, DO, Elena P	Philadelphia
BRUNO, MD, James R	Luzerne
BRUNO, MD, Jorge C	Allegheny
BRUNO, MD, Leonard A	Philadelphia
BRUNO, MD, Maria A	Westmoreland
BRUNO, MD, Pat J	Northmbrland
BRUNO, MD, Stephen C	Allegheny
BRUNO SR, MD, Joseph N	Luzerne
BRUNSKILL, MD, Dennis E	Allegheny
BRUNT JR, MD, Manly Y	Philadelphia
BRUTICO, MD, Anthony C	Lackawanna
BRUTICO JR, MD, Carmen A	Lackawanna
BRUTON, MD, Charles W	Chester
BRUTTS, DENISE E	Student
BRYAN, MD, Frank S	Cumberland
BRYAN, MD, Thomas M	Dauphin
BRYAN JR, MD, John S	Bucks
BRYAN JR, MD, Ross E	Warren
BRYANSMITH, MD, Dale	Philadelphia
BRYANT, MD, David W	Cumberland
BRYANT JR, MD, Winston M	Philadelphia
BRYLAWSKI, MD, Michael	Philadelphia
BRYSON, MD, Richard L	Lancaster
BRZOZOWSKI, MD, Lawrence A	Berks
BU, MD, Tae-Hyung	Erie
BUB, MD, Barry	Berks
BUCAN, MD, Michael	Luzerne
BUCAR, MD, John R	Allegheny
BUCH, MD, David L	Bucks
BUCH, MD, Robert R	Lancaster
BUCH, MD, Sandhya Y	Berks
BUCHANAN, MD, Edwin B	Allegheny
BUCHANAN, MD, James L	Allegheny
BUCHANAN, MD, James R	Dauphin
BUCHANAN IV, MD, Harry W	Lehigh
BUCHER, MD, Robert G	Bucks
BUCHHEIT, MD, William A	Philadelphia
BUCHMAN, MD, David H	Indiana
BUCHMAN, MD, Robert R	Allegheny
BUCK, MD, Ann L	Allegheny
BUCK, MD, Keith K	Armstrong
BUCK, MD, Rudolph L	Allegheny
BUCK, MD, Ruth E	Montgomery
BUCKEY, MD, Joseph T	Luzerne
BUCKINGHAM, MD, Robert B	Allegheny
BUCKINGHAM, MD, Robert C	Dauphin
BUCKLEW, MD, Lawrence A	Allegheny
BUCKLEY, MD, Marina	Wayne/Pike
BUCKLEY, MD, Richard E	Wayne/Pike
BUCKLEY, MD, Roland M	Philadelphia
BUCKLEY, MD, Ronald J	Lehigh
BUCKMAN, MD, Peter D	Philadelphia
BUCKMAN, MD, Samuel T	Luzerne
BUCKO JR, MD, Matthew I	Montgomery
BUCKTHAL, MD, Paul E	Bradford
BUCKWALTER, MD, Jeffrey A	Bucks
BUCKWALTER, MD, Phyllis S	Montgomery
BUCKWALTER, MD, Richard A	Montgomery
BUCKWALTER, MD, Victor L	Lancaster
BUCS, MD, Roger G	Dauphin
BUDD, MD, Robert M	Allegheny
BUDURA, MD, Paul	Northampton
BUENAVENTURA, MD, Milagros P	Dauphin
BUENDIA, MD, Antonio V B	Northmbrland
BUERGER JR, MD, George F	Allegheny
BUERK, MD, Minerva S	Montgomery
BUERKLIN, MD, Ellen M	Philadelphia
BUFFER JR, SAM A	Allegheny
BUFFONE, MD, David A	Jefferson
BUICK, MD, Melissa K	Dauphin
BUINEWICZ, MD, Anna M	Philadelphia
BUINEWICZ, MD, Brian R	Montgomery
BUISER, MD, Rodolfo A	Mercer
BULATAO, MD, Agapito V	Berks
BULGER, MD, Richard H	Blair
BULKLEY, MD, Andrew D	Bucks
BULLARD JR, MD, Ray E	Westmoreland
BULLINGTON, MD, Sunny J	Northmbrland
BULLOCK, MD, Bruce D	Westmoreland
BULLUCK, MD, David E	Philadelphia
BULOVA, MD, Stephen I	Philadelphia
BULSECO, MD, Patricia J	Allegheny
BUMAGIN, MD, Michael S	Lycoming
BUMBAUGH, DO, James H	Allegheny
BUMGARDNER, MD, James L	Bucks
BUNAO, MD, Romulo M	Bradford
BUNDY, MD, Thomas W	Franklin
BUNESE, MD, Horst J	Philadelphia
BUNKER, MD, Mark L	Allegheny
BUNYA, MD, Vichai	Philadelphia
BUNYOR, MD, Agnes K	Huntingdon
BUONOCORE, MD, Bonnita K	Montgomery
BURAK, MD, William E	Luzerne
BURBRIDGE, MD, Geoffrey R	Erie
BURBRIDGE JR, MD, I Ralph	Erie
BURDEN, MD, Samuel S	Montgomery
BURDICK, MD, Mitchell	Erie
BURES, MD, J Conrad	Westmoreland
BURG, MD, Fredric D	Philadelphia
BURGBACHER, MD, James S	Cambria
BURGER, MD, Joseph G	Beaver
BURGER, MD, Regis F	Allegheny
BURGER, MD, Theodore P	Northampton
BURGESS, MD, Geoffrey M	Chester
BURGET JR, MD, Dean E	Butler
BURGIN, MD, Walter H	Dauphin
BURKE, MD, Christopher A	Allegheny
BURKE, MD, Frank A	Montour
BURKE, GREG F	Student
BURKE, MD, James F	Montgomery
BURKE, MD, James M	Philadelphia
BURKE, MD, M Susan	Montgomery
BURKE III, MD, Charles J	Allegheny
BURKET, MD, Louis C	Blair
BURKET, MD, Ramon C	Blair
BURKETT, MD, Donald E	Cambria
BURKEY, MD, David J	Allegheny
BURKEY, MD, Fred J	Allegheny
BURKHART, MD, Charles B	Montgomery
BURKHOLDER, MD, John A	Allegheny
BURKHOLDER, MD, Thomas O	Lehigh
BURKLE, MD, Joseph S	York
BURKLEY III, MD, Louis F	Northampton
BURKLEY JR, MD, Louis F	Northampton
BURKS, MD, John M	Lycoming
BURLAND, MD, J Alexis	Philadelphia
BURLINGAME, MD, Mark W	Lancaster
BURMEISTER, MD, Charles W	Bucks
BURNETT, MD, George W	Lancaster
BURNS, MD, Donald T	Berks
BURNS, MD, Frank D	Franklin
BURNS, MD, J Robert	Montour
BURNS, MD, Jesse E	Montgomery
BURNS, MD, William T	Dauphin
BURNS JR, MD, Charles N	Luzerne
BURNS SR, MD, Charles N	Luzerne
BURNSIDE, MD, John W	Dauphin
BURROS, MD, Harry M	Philadelphia
BURROWS, MD, Stanley B	Philadelphia
BURRY, MD, William C	Monroe
BURSALI, MD, Salahattin	Westmoreland
BURSICK, MD, Daniel M	Allegheny
BURSTEIN, MD, Frank	Philadelphia
BURSTEIN, MD, Stuart S	Allegheny
BUSCH, MD, Michael F	Lehigh
BUSCHI, MARIE	Student
BUSCHIAZZO, MD, Horacio J	Philadelphia
BUSH, MD, Alton J	Armstrong
BUSH, MD, David C	Montour
BUSH, MD, Herman	Beaver
BUSH, MD, Stephen T	Cambria
BUSH, TODD A	Student
BUSH, MD, William B	Dauphin
BUSH, MD, William M	Berks
BUSHKOFF, MD, Stanley H	Allegheny
BUSHWICK, MD, Bruce M	York
BUSHYAGER, MD, Ronald R	Westmoreland
BUSHYAGER, MD, Ross M	Montgomery
BUSILLO, MD, Nicholas A	Delaware
BUSIS, MD, Neil A	Allegheny
BUSIS, MD, Sidney N	Allegheny
BUSKO, MD, Carlton W	Lancaster
BUSLER JR, MD, Verne M	York
BUTCHER, MD, Richard J	Montour
BUTERA, MD, Vincent	York
BUTERBAUGH, MD, Glenn A	Allegheny
BUTERBAUGH, MD, John C	Greene
BUTKIEWICZ, MD, Bernard L	Lycoming
BUTKO, AUDREY C	Allegheny
BUTLER, MD, Anne K	Tioga
BUTLER, MD, Charles H	Chester
BUTLER, MD, Christopher L	Allegheny
BUTLER, MD, Horace G	Monroe
BUTLER, MD, Ivan L	York
BUTLER, LAWRENCE J	Allegheny
BUTLER, MD, Melvin V	Philadelphia
BUTSON, MD, Harry E	Philadelphia
BUTT, MD, Hameed A	Luzerne
BUTT JR, MD, Frank H	Warren
BUTTERWORTH, MD, Thomas	Berks
BUVINGER, MD, Ralph S	Allegheny
BUXTON JR, MD, Donald R	Dauphin
BUYERS, MD, Robert A	Montgomery
BUZAS, MD, Jerome W	Berks

BUZBY, MD, Franklin S	Philadelphia
BUZBY, MD, Gordon P	Philadelphia
BUZZELLI, MD, Philip B	Allegheny
BUZZERD, MD, Harry W	Lycoming
BYBEL, ANN M	Student
BYER, MD, Harold H	Bucks
BYERS, MD, James F	Allegheny
BYERS, MD, John A	Allegheny
BYERS, MD, Robert O	Erie
BYLER, MD, Arthur B	Chester
BYLER, MD, Philip R	Lycoming
BYRNE, MD, Earl B	Montgomery
BYRNE, MD, James E	Northampton
BYRNE, MD, Kevin J	Philadelphia
BYRNE, MD, Robert J	Montgomery
BYRNE, MD, William E	Dauphin
BYRNES, MD, Paul M	Blair
BYRON, MD, Harold J	Montgomery
BYRON, MD, Thomas W	Luzerne

C

CABALLE, MD, Jose B	Allegheny
CABLE, DO, Joseph A	Schuylkill
CABRERA, MD, Bertha L	Washington
CABRERA, MD, Joaquin M	Montour
CABRERA, MD, Rafael	Washington
CACCESE, MD, David M	Lehigh
CACCIAMANI, MD, John D	Lackawanna
CADIEUX, MD, Roger J	Dauphin
CADMAN, MD, Thomas E	Montour
CADY, MD, Joseph B	Bradford
CADY, MD, William W	Bradford
CAGGIANO, MD, John D	Chester
CAHAN, MD, Michael S	Philadelphia
CAHAN, MD, Robert B	Philadelphia
CAHILL, MD, David M	Tioga
CAHILL, MD, John M	Bucks
CAHILL, MD, Thomas J	Montour
CAHN, MD, Milton M	Philadelphia
CAIN, BRENT E	Allegheny
CAIN, MD, James P	Montgomery
CAINE, MD, Mark E	Allegheny
CALABRESE, JAMIE	Allegheny
CALABRO, MD, Sal P	Philadelphia
CALANDRA, MD, Gary B	Philadelphia
CALATA, MD, Eliseo R	Berks
CALBOT-SCZEPANSKI, MD, Cynthia L	Montgomery
CALCE, MD, John V	Lycoming
CALDER JR, MD, Joseph R	Lycoming
CALDERON, MD, Amador G	Union
CALDERON, MD, Celia S	Cambria
CALDERON, MD, Dominador C	Cambria
CALEB, MD, Mae H	Delaware
CALES, MD, Robert J	Philadelphia
CALESNICK, MD, Benjamin	Philadelphia
CALHOUN, MD, Joseph H	Philadelphia
CALI, DO, Gregory E	Lackawanna
CALIGUIRI, MD, Joseph V	Allegheny
CALIGUIRI, MD, Lawrence A	Allegheny
CALISE, MD, Crescenzo G	Luzerne
CALKINS, MD, Joseph L	Lancaster
CALLAHAN, MD, Charles M	Berks
CALLAHAN, MD, Lawrence E	Allegheny
CALLAHAN, DO, Michael E	Potter
CALLANS, MD, David J	Philadelphia
CALLCOTT-STEVENS, MD, Victor A	Franklin
CALLEN, MD, H Samuel	Lebanon
CALLENBERGER, MD, George J	Lycoming
CALLENBERGER, MD, Ronald W	Tioga
CALLERY, MD, Gerald E	Philadelphia
CALLEY, MD, William D	Clearfield
CALVELO, MD, Manuel G	Allegheny
CAMA, MD, Joseph	Bradford
CAMARDESE, MD, Tonie L	Berks
CAMBE, MD, Phil C	Erie
CAMBEST JR, MD, Michael A	Allegheny
CAMBRIDGE, MD, Florinda L	Philadelphia
CAMELE, MD, Robert A	Allegheny
CAMERON, MD, Donald D	Luzerne
CAMERON, MD, Donald Y	Allegheny
CAMINOS, MD, Oliverio W	Allegheny
CAMITTA, MD, Francine D	York
CAMMARANO III, DO, Dominic J	Berks
CAMMARATA, MD, Roy J	Allegheny
CAMODY-JOHNSTON, MD, Patricia A	Philadelphia
CAMP, MD, Mark O	Delaware
CAMPAGNA, MD, James T	Allegheny
CAMPAGNA, JOHN A	Allegheny
CAMPANA, MD, Frederick T	Westmoreland
CAMPANA, MD, Joseph F	Lycoming
CAMPANA, MD, Louis F	Lycoming
CAMPAZZI, EARL J	Allegheny
CAMPBELL, MD, Barbara J	Somerset
CAMPBELL, MD, Charles E M	Bucks
CAMPBELL, MD, David B	Dauphin
CAMPBELL, MD, David R	Columbia
CAMPBELL, MD, Ernest W	Columbia
CAMPBELL, MD, G Robert	Beaver
CAMPBELL, MD, Jennifer H	Allegheny
CAMPBELL, JOSEPH D	Allegheny
CAMPBELL, MD, Kevin M	Delaware
CAMPBELL, MD, Neil P	Bucks
CAMPBELL, MD, Robert E	Philadelphia
CAMPBELL, MD, Robert J	Columbia
CAMPBELL, DO, Thomas M	Luzerne
CAMPBELL, MD, Thomas P	Allegheny
CAMPBELL, MD, Twining F	Montgomery
CAMPBELL, MD, William J	Dauphin
CAMPBELL JR, MD, James M	Centre
CAMPION, PETER S A	Allegheny
CAMPOPIANO, JOHN A	Student
CAMPOS, MD, Luis I	Lehigh
CANALS, MD, Joaquin	Montgomery
CANCELMO, MD, John B	Chester
CANDELARIA, MD, Josefina M	Allegheny
CANDER, MD, Leon	Philadelphia
CANDIO, MD, Joseph A	Lehigh
CANE, MD, Martin	Philadelphia
CANFIELD, PATRICIA H	Allegheny
CANINO, MD, Ada I	Philadelphia
CANINO, MD, Christopher W	Philadelphia
CANLAS, MD, Jolly B	Northampton
CANN III, MD, Thomas W	York
CANNER, MD, Gary C	Berks
CANNON, MD, Edward J	Philadelphia
CANO, MD, Elmer R	Allegheny
CANTELLOPS, MD, Jose M	Allegheny
CANTER, MD, Harry E	Allegheny
CANTERNA, MD, Anthony C	Washington
CANTONI, MD, James D	Erie
CANTOR, MD, Ira S	Chester
CANUSO, MD, Nicholas A	Philadelphia
CAPAROSA, MD, Ralph J	Allegheny
CAPLAN, MD, Aaron	Lawrence
CAPLAN, MD, Bernard	Philadelphia
CAPLAN, MD, Howard S	Philadelphia
CAPLAN, MD, Milton L	Lawrence
CAPLAN, MD, Murray S	Philadelphia
CAPLAN, MD, Paul S	Allegheny
CAPOBIANCO, MD, Frank M	Northampton
CAPOBRES JR, MD, Rudolfo M	Washington
CAPONE, MD, Gaetano J	Philadelphia
CAPONE, MD, Ralph A	Westmoreland
CAPONE JR, MD, Raymond A	Allegheny
CAPPA, MD, Robert J	Berks
CAPPIELLO, MD, Justin L	Lancaster
CAPPIELLO, MD, William A	Bucks
CAPPIELLO, MD, William F	Bucks
CAPPOLA JR, MD, Michael T	Philadelphia
CAPPUCCIO, MD, Matthew S	Philadelphia
CAPRINI, MD, Emilia M	Allegheny
CAPUTO, BRIAN J	Allegheny
CAPUTO, MD, Larry A	Philadelphia
CAPUZZI, MD, David M	Philadelphia
CARABASI, MD, R Anthony	Philadelphia
CARABASI, MD, Ralph A	Philadelphia
CARABELLI, MD, Ronald J	Philadelphia
CARABELLO, MD, Charles A	Berks
CARAIMAN, MD, Myron	Allegheny
CARAMANNA, MD, James F	Westmoreland
CARAPELLA, MD, John D	Lehigh
CARAPELLOTTI, MD, Richard A	Philadelphia
CARAZOLA, MD, Joseph H	Washington
CARBAUGH, MD, Howard L	Lehigh
CARBO, DO, Anthony P	Delaware
CARBO, MD, Thomas L	Fayette
CARBONE, MD, Robert J	Erie
CARBONI, MD, Vincent A	Luzerne
CARDAMONE, MD, Ralph A	Allegheny
CARDAMONE, MD, S Joseph	Philadelphia
CARDELLINO, MD, Thomas J	Cambria
CARDENAS, MD, Florencio P	Fayette
CARDINALE, DO, Joseph P	Dauphin
CARDLIN, MD, Kenneth M	Dauphin
CAREL, MD, Warren D	Philadelphia
CARELLA, MD, Richard J	Montgomery
CARETTI, MD, J William	Westmoreland
CAREY, MD, Ann E	Dauphin
CAREY, MD, Edward J	Luzerne
CAREY, MD, Eva S	Allegheny
CAREY, MD, John L	Luzerne
CAREY, MD, John T	Beaver
CAREY, MD, Kevin V	Bradford
CAREY, MD, William B	Delaware
CARHART, MD, Judy A	Dauphin
CARIM, MD, Hyder M	Berks
CARIM, MD, Moiz M	Berks
CARINO, MD, Mariel G	Lackawanna
CARL, MD, Beverly A	Allegheny
CARL, MD, David A	Luzerne
CARLIN, MD, Elwin S	Montgomery
CARLIN, MD, Gerald J	Allegheny
CARLINI, MD, Charles J	Allegheny
CARLINO, MD, James T	Jefferson
CARLOS, MD, Hector D	Bucks
CARLOUGH, MARTHA C	Student
CARLOW, MD, Joseph F	Chester
CARLSON, MD, Ardyce R	Adams
CARLSON, MD, Clifford H	Dauphin
CARLSON, MD, John P	Montour
CARLSON, MD, Kenneth E	Beaver
CARLSON, MD, Robert D	Allegheny
CARLSON, MD, Robert E	Montgomery
CARLSON, MD, Stephen E	Berks
CARLSON JR, MD, Alfred J	Delaware
CARLSON JR, MD, John A	Philadelphia
CARLUCCI, MD, Ronald J	Philadelphia
CARMEN, MD, Thomas F	Allegheny
CARMICHAEL, MD, Paul L	Montgomery
CARNABUCI, MD, Guy J	Philadelphia
CARNEVAL, DO, Daniel C	Erie
CARNEVAL, PATRICIA A	Allegheny
CARNEY, MD, David P	Lehigh
CARNEY, MD, Frank T	Cambria
CARNEY, MD, Paul L	Centre
CAROFF, MD, Romuald J	Cambria
CAROLINE, MD, Dina F	Philadelphia
CAROLIPIO, MD, Reynaldo R	Lawrence
CARP, MD, Albert A	Philadelphia
CARP, MD, Leon M	Philadelphia
CARP, MD, Mason J	Dauphin
CARPENTER, MD, Cathy P	York
CARPENTER, MD, Kim L	York
CARPENTER IV, MD, E Joel	Lehigh
CARPENTER JR, MD, John T	Montgomery
CARR, MD, James V	Allegheny
CARR, MD, William F	Dauphin
CARRASCO, MD, Mary M	Allegheny
CARRELL, MD, Robert L	Allegheny
CARRIER, MD, Judith M	Cambria
CARRIER, MD, Ralph E	Centre
CARRIER, MD, William W	Cambria
CARROLL, DO, Edmund T	Bucks
CARROLL, MD, Laurence E	Lancaster
CARROLL, MD, Nancy E	Allegheny
CARROLL, MD, Robert J	Allegheny
CARROLL, MD, Robert T	Philadelphia
CARROLL, MD, Stanton F	Philadelphia
CARROZZA, MD, Harry D	Philadelphia
CARRUTHERS, MD, Ralph B	Lancaster
CARSON, MD, Donald G	Allegheny
CARSON, MD, John S	Montgomery
CARSON, JON M	Student
CARSON, MD, Sam L	Montgomery
CARSON, TERESA C	Student
CARSON, MD, Thomas E	Warren
CARSON III, MD, John N	York
CARSON JR, MD, Winfield B	Allegheny
CARTAGINESE, MD, Peter	Bradford
CARTER, MD, Daniel J	Allegheny
CARTER, MD, Donald L	Westmoreland
CARTER, MD, Howard A	Cambria
CARTER, MD, J Stephen	Westmoreland
CARTER, MD, Jan O	Allegheny
CARTER, MD, Joseph H	Erie
CARTER, MD, Judith H	Allegheny
CARTER, MD, Thomas L	Huntingdon
CARTER, MD, W Bradford	Philadelphia
CARTER, MD, William A	Lancaster
CARTER JR, MD, Joseph H	York
CARTER JR, MD, William S	Montgomery
CARTWRIGHT, MD, Richard L	Cambria
CARTWRIGHT, SCOTT R	Student
CARTY JR, MD, James B	Montgomery
CARUGATI, MD, Richard K	Allegheny
CARUSO, MD, David M	Elk/Cameron
CARUSO, MD, Garson M	Washington
CARUSO JR, MD, John	Bucks
CARVAJAL, MD, Roberto T	Bucks
CARVER, MD, Joseph R	Philadelphia
CARVER, MD, Margaret A	Fayette
CARY, MD, Gene L	Dauphin
CASADAY, MD, Floyd M	Indiana
CASAL, MD, Rolando A	Dauphin
CASALE, MD, Lawrence F	Cambria
CASALE, MD, Louis J	Bucks
CASE JR, MD, Warren G	Philadelphia
CASELLA, MD, Salvatore R	Montgomery
CASERIO, MD, Rebecca J	Allegheny
CASEY, MD, John D	Philadelphia
CASEY, MD, Kevin	Philadelphia
CASEY, MD, Michael P	Allegheny
CASEY, MD, Michael P	Philadelphia
CASEY, MD, Thomas J	Montgomery
CASHDOLLAR, MD, Michael R	Franklin
CASHMAN, MD, William M	Warren
CASPER, MD, Daniel R	Westmoreland
CASSEL, MD, Franklin K	Lancaster
CASSEL, MD, John J	Lehigh
CASSELBERRY, MD, E Josephine	Northampton
CASSELBRANT, MD, Margaretha L	Allegheny
CASSELLI, MD, Helene J	Philadelphia
CASSELMAN, MD, Hyman L	Erie
CASSIDY, MD, Harvey D	Montour
CASSIDY, MD, Joseph A	Blair
CASSIDY, MD, Richard J	Montour
CASSIDY, MD, William J	Philadelphia
CASSOFF, MD, Richard G	Allegheny
CASSONE, MD, Gary J	Lackawanna
CASTAGNA, MD, Armand	Philadelphia
CASTALDO, MD, John E	Lehigh
CASTALDO, MD, William A	Lehigh
CASTEEL, LINDA L	Student
CASTEL, MD, Jose M	Montgomery
CASTELLANO, MD, George D	Jefferson
CASTELLANO, MD, Thomas J	Luzerne
CASTELLI, MD, Dario D	Allegheny
CASTELLI II, MD, Peter J	Mercer
CASTELLON, MD, Lourdes	Cambria
CASTERLINE, MD, Charlotte L	Luzerne
CASTERLINE, MD, Peter F	Luzerne
CASTIGLIONE, MD, Angelo	Allegheny
CASTILLENTI, MD, Guy A	Allegheny
CASTILLO, MD, Francisco A	Westmoreland
CASTILLO, MD, Jose	Philadelphia
CASTILLO, MD, Manuel M	Allegheny
CASTILLO, MD, William M	Allegheny
CASTLE, MD, Charles A	Lancaster
CASTLE, MD, William N	Allegheny
CASTOR, MD, Louis H	Philadelphia
CASTRINA JR, MD, Frank P	Cumberland
CASTRO, MD, Arturo F	Allegheny
CASTRO, MD, Augusto D	Allegheny
CASTROVINCI, MD, Robert V	Philadelphia
CASWELL, MD, Horace T	Philadelphia
CATALANO, MD, Kathleen F	Westmoreland
CATALANO JR, MD, Louis W	Westmoreland
CATENA, MD, Elizabeth P	Allegheny
CATENA, MD, Michael R	Allegheny
CATENA JR, MD, William P	Allegheny
CATES, MD, Jerry L	Philadelphia
CATLIN, MD, Robin J O	Berks
CATTANO, MD, Charles J	Philadelphia
CATTIE, MD, Vincent J	Philadelphia
CATTON, MD, Domenic J	Blair
CATTON, MD, Raymond M	Chester
CAUFFMAN, MD, William J	Bucks
CAUTILLI, MD, Richard A	Montgomery
CAVAN, MD, Albina B	Luzerne
CAVAN, MD, John F	Luzerne
CAVANAUGH, MD, Michael F	Montgomery
CAVANAUGH JR, MD, Francis J	Allegheny
CAVAROCCHI, MD, Nicholas C	Philadelphia
CAVASINA, MD, Mary M	Washington
CAVE, MD, Sergil L	Philadelphia
CAVENDER, MD, John C	Susquehanna
CAVOTO, MD, Michael J	Indiana
CAWOG, MD, Antoine F	Westmoreland
CECCARELLI, AMERIGO N	Allegheny
CECH, MD, Rosanne	Lackawanna
CEDERSTROM, MD, Janice J	Philadelphia
CEDRONE, MD, Francine Anne	Philadelphia
CEFARATTI, MD, Michael D	Berks
CELANI, MD, Victor J	Lehigh
CELEBRE, MD, Joan A	Montgomery
CELIO, MD, Lee A	Philadelphia
CELKO, MD, David A	Allegheny
CELLINI, MD, L Luke	Delaware
CENEDELLA, MD, Stephen C	Venango
CEPEDA, MD, Elvessa P	Philadelphia
CERA JR, MD, Peter J	Montour
CERCIELLO, MD, Mark J	Lehigh
CERCONE, MD, Ronald G	Allegheny
CERIANI, CAROL M	Allegheny
CERIMELE, MD, Nicholas A	Cambria
CERNE, MD, Andrew J	Westmoreland
CERNY, DO, Michael D	Westmoreland
CERON, MD, Gabriel	Wayne/Pike
CERRA, MD, Carmine J	Monroe
CERRI, MD, Hugo J M	Allegheny
CERTO, MD, Salvatore A	Allegheny
CERUL, MD, Maurice S	Allegheny
CERVONE, PAUL N	Allegheny
CESARE, MD, Joseph G	Lackawanna
CESTELLO, MD, Robert J	Allegheny
CEVALLOS, MD, Eduardo A	Bucks
CHA, MD, Rido	Philadelphia
CHABRA, MD, Mohan L	Allegheny
CHABY, DO, Jeffrey H	Lancaster
CHACKO, MD, Dorothy D	Delaware
CHADAGA, MD, P C S	Schuylkill
CHADDAH, MD, Ashok	Washington
CHADWICK, MD, Harold H	Bradford
CHAFFEE, MD, John S	Erie
CHAI, MD, Chiu L	Bucks
CHAI, MD, Min S	Lackawanna
CHAIT, MD, Arnold	Philadelphia
CHAKRAVARTHY, MD, Santhanam R	Butler
CHALAL, MD, Gerald S	Philadelphia
CHALAL, MD, Kenneth	Philadelphia
CHALFANT, MD, Richard S	Allegheny
CHALLINOR, MD, S Boyd	Allegheny
CHAMBERLAIN, MD, William H	Bucks
CHAMBERS, MD, Christopher V	Philadelphia
CHAMBLISS, MD, Marshall L	Allegheny
CHAMOVITZ, MD, Bruce N	Beaver
CHAMOVITZ, MD, Irvin	Allegheny
CHAMOVITZ, MD, Jerome	Allegheny
CHAMOVITZ, MD, Robert	Allegheny
CHAMPAGNE, MD, Emily M	Allegheny
CHAN, MD, Anne K	Philadelphia
CHAN, MD, Daniel M	Franklin
CHANDRA, MD, Prasanta C	Philadelphia
CHANDRA-MOHAN, MD, Avverahalli M	Luzerne
CHANDRAN, MD, Girija	Cambria
CHANDRAN, MD, Gopalaswamy	Cambria
CHANDRASEKARAN, MD, Ramamurti	Allegheny
CHANDRASEKARAN, MD, Sannasie	Westmoreland
CHANG, MD, Alexander C S	Allegheny
CHANG, MD, Byung D	Perry
CHANG, MD, Charles H	Westmoreland
CHANG, MD, Che-Yi	Northampton
CHANG, MD, Chris C	Dauphin
CHANG, MD, Chun S	Luzerne
CHANG, MD, Clayton W	Montgomery
CHANG, MD, Duck-Kyu	Cumberland
CHANG, MD, Helena R	Philadelphia
CHANG, MD, In-Ho	Lehigh
CHANG, MD, Kun T	Philadelphia
CHANG, MD, Raymond G	Erie
CHANGCO, MD, Alvaro N	Washington
CHANNAPATI, MD, Thippeswamy	Butler
CHANNICK, MD, Bertram J	Philadelphia
CHANTZ, MD, Daniel J	Allegheny
CHAPA, MD, Sukumar M	Clarion

CHAPIS, MD, Nicholas J	Montgomery
CHAPLIN, MD, Stanley S	Philadelphia
CHAPMAN, MD, Albert L	Dauphin
CHAPMAN, MD, John H	Montour
CHAPMAN, LORETTA D	Student
CHAPMAN, MD, William L	Allegheny
CHAPPELKA, MD, Alfred R	Philadelphia
CHARABATI, MD, Jay	Luzerne
CHAREPOO, MD, Khashaiar	Warren
CHARKES, MD, N David	Philadelphia
CHARLES, KRISTINE A K	Student
CHARLES, MD, Robert S	Montgomery
CHARLESWORTH, MD, Ernest E	Venango
CHARLSON, MD, Murray T	Allegheny
CHARLTON, MD, Brian L	Bradford
CHARLTON, MD, Glenn B	Mercer
CHARNEY, MD, Richard H	Bucks
CHARNOCK, MD, Maurice P	Northampton
CHARNOGURSKY, MD, Gerald A	Montgomery
CHARNY, MD, Charles W	Philadelphia
CHASE, MD, Harold F	Philadelphia
CHASE, MD, Jeffrey S	Philadelphia
CHASE, MD, William D	Centre
CHASLER, MD, Nicholas L	Washington
CHASTENEY III, MD, Edward A	Philadelphia
CHAT, MD, Emanuel	Philadelphia
CHATHA, MD, Iftikhar A	Mercer
CHATREE-DUANGNET, MD, Chad	Lawrence
CHAUDHRI, EIRUM I	Student
CHAUDHRY, MD, Mohammad A	Monroe
CHAUDHRY, MD, Rahat M	Allegheny
CHAUDHRY, MD, Sakina A	Monroe
CHAUDHRY, SANJAY	Student
CHAUHAN, MD, Ambaram V	Allegheny
CHAVERN, MD, Hugh E	Westmoreland
CHAVES, MD, Fernando	Somerset
CHAVIN, KENNETH D	Student
CHAWLA, MD, Harish C	Bucks
CHAWLA, MD, Shanta	Bucks
CHAWLUK, MD, John B	Philadelphia
CHAYAPRUKS, MD, Prayun	Greene
CHAYEN, MD, Benjamin	Philadelphia
CHEADLE, MD, Margaret J	Tioga
CHEAH, MD, Beng-Hong	Schuylkill
CHEEVER, MD, Francis S	Allegheny
CHEHADE, MONIF K	Allegheny
CHEKE, LAIRD J	Allegheny
CHEKKA, MD, Balachandra R	Erie
CHELEMER, SCOTT B	Allegheny
CHELEN, CARL J	Student
CHELIUS, MD, Alan B	Berks
CHEN, MD, Chijen	Delaware
CHEN, MD, George T H	Westmoreland
CHEN, MD, Henry Y	Venango
CHEN, MD, Hsien-Bin	Philadelphia
CHEN, MD, Juh-Huey	Lehigh
CHEN, MD, Mao Hsiung	Philadelphia
CHEN, MD, Wei-Fan	Philadelphia
CHEN, MD, William Y	Clearfield
CHENETTE, MD, Philip E	Allegheny
CHENG, MD, Chun-Pin	Allegheny
CHENG, MD, David T L	Westmoreland
CHENG, MD, Harvey S	Lehigh
CHENG, MD, Lawrence C	Lehigh
CHENGAPPA, MD, Palecanda P	Allegheny
CHENSEE, MD, Jasper G	Berks
CHEPKO, MD, Margaret I	Allegheny
CHEPONIS, MD, George B	Allegheny
CHERIAN, MD, George R	Jefferson
CHERNER, MD, Rachmel	Philadelphia
CHERNEY, MD, Paul J	Philadelphia
CHERNOFF, MD, Arthur	Philadelphia
CHERNOFF, MD, Benjamin	Philadelphia
CHERNOFF, MD, Robert W	Delaware
CHERNUS, MD, Steven A	Franklin
CHERRY, MD, Louis J	Jefferson
CHERRY, MD, Scott M	York
CHERRY, MD, Steven B	Cumberland
CHERUP, MD, E David	Allegheny
CHESEN, MD, David	Philadelphia
CHESIN, MD, Carole M K	Allegheny
CHESNICK, MD, Steven R	Montgomery
CHESTNUT, MD, Wendell	Philadelphia
CHETLIN, MD, Sherwood M	Allegheny
CHETLIN, MD, Stuart H	Allegheny
CHETT, MD, Nicholas J	Berks
CHEUNG, MD, Hoo J	Blair
CHEYNEY II, MD, James B	Montgomery
CHHIBBER, MD, Geeta	Philadelphia
CHI, MD, Nungja	Philadelphia
CHIAVACCI, MD, Wayne E	Lackawanna
CHICKLO, MD, James M	Franklin
CHICO, MD, Lauro V	Allegheny
CHIDI, MD, Joseph C	Potter
CHIGER, MD, Judith L	Philadelphia
CHIKARMANE, MD, Ajit M	Luzerne
CHIKARMANE, MD, Kalpana A	Luzerne
CHILD, MD, Proctor L	Lehigh
CHILDS, MD, Elizabeth R	Allegheny
CHILDS, MD, James E	Armstrong
CHILDS, MD, John N	Philadelphia
CHILDS, MD, Marion C	Chester
CHILDS, MD, Usha M	Philadelphia
CHILIAN JR, MD, Stephen A	Elk/Cameron
CHIN, MD, Byoung Kwon	Bucks
CHINITZ, MD, Joel L	Philadelphia
CHIRICO, MD, Anna-Marie	Philadelphia
CHIRIELEISON, MD, Rocco F	Berks
CHISDAK, MD, Michael W	Bradford
CHISUM, MD, Melvin J	Philadelphia
CHITALE, MD, Vidyadhar S	Delaware
CHIUMENTO, DO, Nicholas P	Lackawanna
CHLEBOWSKI, JAMES E	Allegheny
CHLUDZINSKI, MD, Ronald W	Allegheny
CHMIELEWSKI, MD, Robert E	Philadelphia
CHO, MD, Doo W	Blair
CHO, MD, Jay J	Dauphin
CHO, MD, Jong S	Fayette
CHO, MD, Sang Y	Philadelphia
CHO, MD, Yong D	Washington
CHOBY, MD, John J	Bucks
CHODROFF, MD, Charles H	York
CHOGICH, MD, John C	Delaware
CHOI, MD, Byong L	Bucks
CHOI, MD, Edward M	Luzerne
CHOI, MD, Kwang Y	Crawford
CHOI, MD, Samuel K	Bradford
CHOI, MD, Sang Y	Franklin
CHOI, MD, Sean H	Allegheny
CHOI, MD, Tohshik	Montgomery
CHOLAPRANEE, MD, Rewat	Allegheny
CHOLLAK JR, MD, Joseph P	Luzerne
CHOLLAK SR, MD, Joseph P	Luzerne
CHOMSKY, MD, David E	Philadelphia
CHONG, MD, Daniel C	Allegheny
CHOONG, MD, Shung S	Schuylkill
CHOPRA, MD, Raj P	Columbia
CHOPRA, MD, Ramesh K	Blair
CHORAZY, MD, Anna J	Allegheny
CHORAZY, MD, Zdzislaw J	Beaver
CHOTINER, MD, Bennett	Dauphin
CHOUGH, MD, Andrew C B	Allegheny
CHOWDARY, MD, Raj P	Lehigh
CHOWDHRY, MD, Zafar I	Armstrong
CHOWDHURY, MD, A Rab	Berks
CHREMOS, MD, Athanassios N	Philadelphia
CHRIST, MD, Nicholas J	Berks
CHRIST, MD, Peter J	Berks
CHRISTENSEN, MD, David W	Berks
CHRISTENSON, MD, Catherine M	Beaver
CHRISTIAN, MD, Horace D	Allegheny
CHRISTIAN, MD, Robert	Allegheny
CHRISTIANSEN, MD, Kjell H	Montgomery
CHRISTIANSON, MD, Alan D	Westmoreland
CHRISTIDES, MD, Stephan A	Philadelphia
CHRISTIE, MD, Karl B	Allegheny
CHRISTIE, DO, Peter N	Delaware
CHRISTIE, MD, Thomas	Chester
CHRISTMAN, MD, James C	Franklin
CHRISTMAN, MD, Willard W	Northmbrland
CHRISTOFERSEN, MD, Mark R	Philadelphia
CHRISTOFORATOS, MD, Demetrius	Luzerne
CHRISTOFORETTI, MD, Russell J	Washington
CHRISTOU, MD, Aristotle A	Philadelphia
CHRISTY, MD, Michael G	Allegheny
CHRISTY, MD, Wallace C	Allegheny
CHRZANOWSKI, MD, Robert T	Delaware
CHU, MD, Ann M	Philadelphia
CHU, MD, Donald	Philadelphia
CHU, MD, Jennifer	Philadelphia
CHU, MD, Winston	Erie
CHUA, MD, Chong V	Montgomery
CHUENSUMRAN, MD, Ongart	Allegheny
CHUENSUMRAN, MD, Rajani S	Allegheny
CHUGHTAI, MD, Arshad I	Allegheny
CHUGHTAI, MD, Mubashar S	Allegheny
CHUN, MD, Sae-Il	Philadelphia
CHUN, MD, Yoon-Taek	Monroe
CHUNG, MD, C Kun	Lackawanna
CHUNG, MD, Chin D	Lawrence
CHUNG, MD, Chin-Yong	Erie
CHUNG, MD, Edward K	Philadelphia
CHUNG, MD, Hack R	Montgomery
CHUNG, MD, Hi-Young	Luzerne
CHUNG, MD, Kai B	Philadelphia
CHUNG, MD, Ki Y	Allegheny
CHUNG, MD, Kwang H	Allegheny
CHUNG, MD, Whan S	Philadelphia
CHUNG, MD, Yoon Jin	Westmoreland
CHUNN, MD, Livingston	Philadelphia
CHURCH, MD, Paul A	Lehigh
CIACCI, MD, Vincent W	Chester
CIANCIULLI, MD, Francis D	Delaware
CIANFRANI, MD, Peter M	Bucks
CIANNI, MD, Ronald J	Lackawanna
CIARALLO, LYDIA R	Allegheny
CIAVARELLI, MD, Anthony G	Montgomery
CICCARELLI, MD, Clem A	York
CICCARELLI, MD, Harold E	Allegheny
CICCARELLI, MD, Lee M	Lycoming
CICCHINO, MD, Frank E	Allegheny
CICCO, MD, Robert C	Allegheny
CICCONE, MD, Patrick E	Montgomery
CICCOTTI, MD, Michael G	Philadelphia
CICHELLI, MD, Andrew V	Philadelphia
CICHON, MD, Philip J	Allegheny
CIECKO, DO, Edward John P	Philadelphia
CIENCIVA, MD, Rosemaria J	Elk/Cameron
CIESIELKA, MD, Kenneth	Allegheny
CIESLA, MD, William P	Adams
CIGANIC, MD, Ratimir R	Allegheny
CIGNETTI, MD, Franklin E	Allegheny
CINBERG, MD, Leonard A	Philadelphia
CINCALA, DO, Robert P	Allegheny
CINCO, MD, Victorio B	Chester
CINCOTTA, MD, Janet F	Dauphin
CINCOTTA, MD, Joseph A	Dauphin
CINELLI, MD, Cleto G	Berks
CIOTOLA, MD, Augustine A	Luzerne
CIOTOLA, MD, Thomas J	Luzerne
CIPOLLA, MD, Charles F	Lycoming
CIRELLI, MD, Mario G	Philadelphia
CIRIACO, DO, Michael A	Berks
CIRIGLIANO, MD, Daniel A	Philadelphia
CIRILLO, VICKI A	Student
CIRONE, MARIA	Student
CIROTTI, MD, Joseph J	Montgomery
CITRO, MD, Laurence A	Berks
CITRO JR, MD, Francis J	Butler
CITRONE, MD, Peter J	Allegheny
CIVITARESE, DO, Frank A	Allegheny
CIVITARESE, MD, Louis R	Allegheny
CLADEL JR, MD, Charles E	Dauphin
CLADER, MD, Stanley C	Montgomery
CLAIR, MD, Theodore W	Montgomery
CLANCY, MD, Michael	Philadelphia
CLARDY, JOHN M	Student
CLARE, MD, David W	Allegheny
CLARE, MD, Henry E	Delaware
CLARK, MD, Ann K	Westmoreland
CLARK, DANIEL C	Allegheny
CLARK, MD, David P	Lebanon
CLARK, MD, Donald L	Philadelphia
CLARK, MD, Edward L	Philadelphia
CLARK, MD, Grant C	Columbia
CLARK, MD, James E	Delaware
CLARK, MD, John K	Philadelphia
CLARK, MD, Joseph M	Lebanon
CLARK, MD, Lawrence M	Clarion
CLARK, MD, Mary D	Indiana
CLARK, MD, William H	Allegheny
CLARKE, MD, Ann E	Montgomery
CLARKE, MD, Catherine F	Montgomery
CLARKE, MD, Charles E	Allegheny
CLARKE, MD, Franklyn R	Bucks
CLARKE, MD, Frederick T	Northampton
CLARKE, MD, John R	Philadelphia
CLARKE, MD, Leon E	Philadelphia
CLARKE, MD, Robert H	Allegheny
CLASSEN, MD, Charles H	Montgomery
CLAUHS, MD, Ronald P	Chester
CLAUSS, MD, Thomas F	Lackawanna
CLAY, MD, Bettie W	Chester
CLAYTON, DO, John S	Chester
CLAYTON, MD, Richard J	Chester
CLAYTON, MD, Thomas D	Chester
CLAYTON JR, MD, Samuel T	Dauphin
CLEARFIELD, MD, Harris R	Philadelphia
CLEARFIELD, MD, Ronald J	Westmoreland
CLEARFIELD, DO, William N	Luzerne
CLEAVER, MD, Clarence P	Columbia
CLEAVER, MD, Dorothy M	Montgomery
CLEAVER, MD, E Eugene	Montgomery
CLELAN, MD, George M	Lancaster
CLELAND, MD, James W	Delaware
CLEMENS, MD, Jonathan L	Lancaster
CLEMENS, MD, Ruth P	Allegheny
CLEMENS, MD, Thomas M	Lebanon
CLEMENT, MD, Gordon S	Montgomery
CLEMENT, MD, John A	Montour
CLEMENTS, MD, David H	Westmoreland
CLEMENTS, MD, Harry H	Allegheny
CLEMENTS, MD, James K	Washington
CLEMENTS, MD, William W	Montgomery
CLERF, MD, Louis H	Philadelphia
CLEVELAND, MD, Albert F	Delaware
CLEVENGER, MD, Robert W	Allegheny
CLEVER, MD, John E	Allegheny
CLIFFORD, MD, F David	Warren
CLIPP, MD, Samuel W	Bucks
CLOHECY, MD, Robert J	Allegheny
CLOSE, MD, Richard A	Berks
CLOSKEY, MD, Gregory M	Montgomery
CLOSSON, MD, Edward W	Philadelphia
CLOUGH, MD, Douglas F	Allegheny
CLOUGHERTY, MD, Patrick W	Allegheny
CLUTZ, MD, Paul A	Franklin
CLYMAN, MD, Byron	Montgomery
CLYMER JR, MD, Robert H	Berks
COADY, MD, Mary L	Montgomery
COAR, MD, George R	Dauphin
COATES JR, MD, John B	Chester
COBB, MD, Blaine W	Bradford
COBB, MD, Charles F	Allegheny
COBERN, MD, Charles B	Cambria
COBERT, MD, Howard S	Philadelphia
COBETTO, MD, Bernard H	Westmoreland
COBLENTZ, MD, Robert H	Allegheny
COCCO, MD, Alex M	Mercer
COCHRAN, MD, Bryce C	Jefferson
COCHRAN, MD, James F	Northampton
COCHRAN, MD, Terence A	Lackawanna
COCHRAN, MD, William C	Montgomery
COFER, MD, Thomas N	Erie
COFF, MD, Philip M	Bucks
COFFEY, MD, John F	Philadelphia
COFFEY, MD, Robert J	Allegheny
COFFEY, MD, William F X	Philadelphia
COFFMAN, MD, Kaohlin M	Lycoming
COGEN, MD, Frederick C	Montgomery
COGLEY, MD, Richard L	Erie
COHEN, MD, Alan J	Philadelphia
COHEN, MD, Allan M	Chester
COHEN, MD, Archibald C	Butler
COHEN, MD, Arnold W	Philadelphia
COHEN, MD, Bernard I	Allegheny
COHEN, MD, Bruce A	Berks
COHEN, MD, Cathy S	Allegheny
COHEN, MD, David A	Philadelphia
COHEN, MD, David J	Philadelphia
COHEN, MD, David L	York
COHEN, MD, Donald L	Mercer
COHEN, MD, Edwin E	Lycoming
COHEN, MD, Erwin A	Philadelphia
COHEN, MD, H Elliott	Philadelphia
COHEN, MD, H Emmanuel	Philadelphia
COHEN, MD, Harry W	Philadelphia
COHEN, DO, Herman F	Philadelphia
COHEN, MD, Howard R	Cumberland
COHEN, MD, Ira J K	Allegheny
COHEN, MD, J Stanley	Philadelphia
COHEN, JACK B	Allegheny
COHEN, MD, Jacob H	Montgomery
COHEN, MD, Jacob J	Philadelphia
COHEN, MD, Jeffrey A	Philadelphia
COHEN, MD, Jeffrey K	Allegheny
COHEN, MD, Kenneth D	Philadelphia
COHEN, MD, Kenneth R	Philadelphia
COHEN, MD, Larry K	Allegheny
COHEN, MD, Leonard M	Allegheny
COHEN, MD, Manfred L	Allegheny
COHEN, MD, Martin A	Bucks
COHEN, MD, Merrill A	York
COHEN, MD, Merton E	Northampton
COHEN, MD, Meyer A	Philadelphia
COHEN, MD, Michael M	Philadelphia
COHEN, MD, Milton H	York
COHEN, MD, Milton H	Mifflin/Juni
COHEN, MD, Norman F	Allegheny
COHEN, MD, Norman F	Philadelphia
COHEN, MD, Norman N	Philadelphia
COHEN, MD, Paul A G	Philadelphia
COHEN, MD, Peter Z	Allegheny
COHEN, MD, Raphael M	Philadelphia
COHEN, MD, Robert	Bradford
COHEN, MD, Robert A	Westmoreland
COHEN, MD, Robert M	Philadelphia
COHEN, MD, Robert V	Philadelphia
COHEN, MD, Samuel	Indiana
COHEN, MD, Samuel F	Montgomery
COHEN, MD, Sarle H	Philadelphia
COHEN, MD, Sherwood V	Philadelphia
COHEN, MD, Stanley	Philadelphia
COHEN, MD, Stanley N	Philadelphia
COHEN, MD, Theodore B	Philadelphia
COHEN, MD, Tom	Luzerne
COHEN, DO, William L	Delaware
COHEN, MD, William W	Erie
COHICK, MD, Bruce S	Dauphin
COHLER, MD, Alan	Montgomery
COHN, MD, Burton H	Dauphin
COHN, MD, C Harold	Berks
COHN, MD, David B	Philadelphia
COHN, MD, Edwin M	Philadelphia
COHN, MD, Gerald H	Montour
COHN, MD, Herbert E	Philadelphia
COHN, MD, John R	Philadelphia
COLAIACO, MD, Victor I	Mercer
COLANGELO, MD, Anthony	Lawrence
COLANTONI, MD, William	Washington
COLASANTE, MD, Anthony D	Northampton
COLATRELLA, MD, Anthony M	Allegheny
COLAVINCENZO, MD, John W	Beaver
COLBERG, MD, James E	Philadelphia
COLBURN JR, MD, Harold L	Philadelphia
COLCHER, MD, Irving S	Montgomery
COLCHER, MD, Robert E	Montgomery
COLDREN, MD, Robert L	Dauphin
COLE, MD, Charles E	Lycoming
COLE, MD, Charles E	Allegheny
COLE, MD, Dennis G	Erie
COLE, MD, Jack E	Northampton
COLE, MD, James M	Montour
COLE, MD, K Niki	Philadelphia
COLE, MD, Richard A	Erie
COLE EXEC DIR, MD, Richard S	Westmoreland
COLELLA, MARK S	Allegheny
COLEMAN, MD, Donald K	Northampton
COLEMAN, MD, Ernest H	Centre
COLEMAN, MD, Linda L	Montour
COLEMAN, DO, Michael H	Northampton
COLEMAN, MD, Thomas H	Lackawanna
COLEMAN JR, MD, Ernest H	Dauphin
COLEMAN-BRACKEN, DO, Barbara A	Delaware
COLETTA, MD, Anthony V	Philadelphia
COLETTA, MD, Daniel J	Bucks
COLLER, MD, Daniel H	Dauphin
COLLEY, MD, Alfred L	Philadelphia
COLLEY, MD, Arthur T	Montour
COLLEY, MD, John L	Allegheny
COLLIER, MD, Paul E	Allegheny
COLLINS, MD, Clyde A	Lackawanna
COLLINS, MD, Donald S	Philadelphia
COLLINS, MD, Lawrence A	Allegheny
COLLINS, MD, Leonard R	Lycoming
COLLINS, MARGARET A	Allegheny
COLLINS JR, MD, Richard F	Allegheny
COLLURA, MD, Paul T	Lancaster
COLMENAR, MD, Antonio B	Philadelphia
COLMENARES, MD, Ruperto F	Berks
COLODNY, MD, Stephen M	Allegheny

COLOMBO, MD, James L	Delaware
COLOMBO, MD, John M	Delaware
COLOMEDA, MD, Regio S	Montgomery
COLOSI, MD, Nicholas A	Montgomery
COLTMAN, MD, Arthur B	Philadelphia
COLTON, MD, Nathan H	Philadelphia
COLVIN, MD, Victor G	Bedford
COMBER, PAUL G	Student
COMER, MD, Nathan L	Philadelphia
COMEROTA, MD, Anthony J	Philadelphia
COMESS, MD, Raymond R	Berks
COMISKEY, DO, Walter M	Philadelphia
COMSTOCK, MD, Lloyd K	Allegheny
CONAHAN, MD, Bernardin Q	Bucks
CONAHAN JR, MD, Joseph B	Monroe
CONAWAY, MD, Bruce E	Allegheny
CONCANNON, MD, Joseph P	Allegheny
CONCILUS, MD, Frank	Allegheny
CONCOOL, MD, Barry M	Bucks
CONDON, MD, Robert H	Delaware
CONDRON, MD, Brian P	Lancaster
CONE, MD, Alexander S	Allegheny
CONGEDO, MD, Carol Z	Allegheny
CONKLIN, MD, James E	Allegheny
CONKLIN, MD, Stanley D	Bradford
CONKLIN, MD, William T	Allegheny
CONLIN, MD, Edward F	Mercer
CONLY, MD, Frank L	Clinton
CONN, MD, Frank W	Bedford
CONN, MD, William V	Allegheny
CONNAUGHTON, MD, James F	Chester
CONNAUGHTON, MD, Patrick N	Lancaster
CONNELL, MD, Janet T	Chester
CONNELL, MD, Mark O	Bradford
CONNELL, THOMAS A	Student
CONNELLY, MD, Michael E	Mercer
CONNER, MD, Gary J	Allegheny
CONNER, MD, George H	Lebanon
CONNER, MD, J Hubert	Delaware
CONNER, MD, Kenneth B	Dauphin
CONNERTON, MD, George E	Berks
CONNOLE, MD, John F	Blair
CONNOLLY, MD, David P	Allegheny
CONNOLLY, MD, Steven M	Allegheny
CONNOLLY, DO, William S	Schuylkill
CONNOLLY JR, MD, John M	Bucks
CONNOR, COLLEEN M	Student
CONNOR, DO, Janetta V	Philadelphia
CONNOR, DO, Joseph P	Philadelphia
CONNOR, MD, Robert W	Montgomery
CONNOR, MD, Susan A	Clarion
CONNORS, MD, Charles F	Lackawanna
CONNORS JR, MD, Earl K	Bucks
CONRAD, MD, Donald C	Dauphin
CONRAD, MD, James L	Bucks
CONRAD, MD, Joseph E	Schuylkill
CONRAD, MD, Rebecca S	Philadelphia
CONRAD, MD, Wayne R	Lancaster
CONRADY, MD, William E	Beaver
CONROY, DO, Ellen D	Delaware
CONROY, DO, James F	Philadelphia
CONROY, MD, John J	York
CONROY, MD, Joseph V	Montgomery
CONROY, MD, Joseph V	Philadelphia
CONSALVO, MD, John A	Luzerne
CONSEVAGE, MD, Mary P	Dauphin
CONSTANTINE, MD, Ginger D	Delaware
CONSTANTINE, MD, Jay J	Delaware
CONTE, MD, Anthony A	Beaver
CONTE, MD, Robert R	Westmoreland
CONTINO, MD, John A	Philadelphia
CONTRACTOR, MD, Farhad M	Allegheny
CONWAY, MD, Cyril F	Lycoming
COOK, MD, David G	Philadelphia
COOK, MD, David R	Allegheny
COOK, MD, Donald H	Chester
COOK, MARILUE M	Allegheny
COOK, MD, Nicholas A	Northampton
COOK, MD, Ralph W	Fayette
COOK, MD, Richard A	Fayette
COOK, MD, Richard P	Bucks
COOK, MD, William L	Delaware
COOK, MD, William R	Allegheny
COOKE, MD, Nora	Cumberland
COOKE JR, MD, Alfred J	Lancaster
COOKSEY, MD, Stephen H	Allegheny
COOLER, MD, Stewart	Philadelphia
COOLEY, MD, William C	Washington
COOLIDGE, MD, William A	Tioga
COONEL, MD, Pauline	Philadelphia
COONROD, MD, Theodore D	Philadelphia
COOPER, MD, Colleen A	Monroe
COOPER, MD, David J	Chester
COOPER, MD, David R	Luzerne
COOPER, MD, Donald R	Philadelphia
COOPER, MD, Edward I	Philadelphia
COOPER, MD, Edward S	Philadelphia
COOPER, MD, Emmett M	Lancaster
COOPER, MD, Harold B	Schuylkill
COOPER, MD, Harry S	Philadelphia
COOPER, MD, Helen C	Luzerne
COOPER, MD, Homi S	Erie
COOPER, MD, Jean W	Philadelphia
COOPER, MD, Jeanne A	Allegheny
COOPER, MD, Joseph D	Montour
COOPER, MD, Joseph E	Luzerne
COOPER, MD, Joseph H	Delaware
COOPER, MD, Kenneth L	Lycoming
COOPER, MD, Mark W	Philadelphia
COOPER, MD, Martin	Philadelphia
COOPER, MD, Max M	Philadelphia
COOPER, MD, Murray S	Montgomery
COOPER, MD, William H	Montour
COOPER, MD, William M	Allegheny
COOPER, MD, Wynne B	Allegheny
COOPER III, MD, Herbert K	Lancaster
COOPER JR, MD, E Newbold	Delaware
COOPER JR, MD, Herbert K	Lancaster
COOPER JR, LESLIE T	Student
COOPER JR, MD, Paul N	Allegheny
COOPERMAN, MD, Jay S	Montgomery
COOPERSTEIN, MD, Lawrence A	Allegheny
COOPERSTEIN, DO, Mark S	Lancaster
COOPEY, MD, F Donald	Lebanon
COORAY, MD, Charles N	Allegheny
COOVER, MD, Leonard R	Erie
COPE, MD, Constantin	Philadelphia
COPE, MD, David A	Berks
COPE, MD, Donald I	Butler
COPE, MD, Edwin S	Carbon
COPELAN, MD, Herbert W	Philadelphia
COPELAND, MD, Adrian D	Philadelphia
COPELAND, MD, Charles E	Allegheny
COPELAND, MD, Nathaniel H	Philadelphia
COPPERMAN, MD, Gertrude	Philadelphia
COPPES, MD, Charles D	Philadelphia
COPPOLO, MD, Bernard L	Elk/Cameron
COPPOLO JR, MD, Bernard L	Indiana
COPPULA, MD, Robert J	Washington
COPPULA, MD, William F	Allegheny
CORALLO, DIANE M	Student
CORAZZA, MD, Leo J	Luzerne
CORBA, MD, Joseph S	Allegheny
CORBETT, MD, John M	Lawrence
CORCINO JR, MD, Baltazar L	Clearfield
CORCORAN, MD, Albert W	Allegheny
CORCORAN, MD, John J	Lancaster
CORDAS, DO, Michael	Northmbrland
CORDERO, MD, Edgar C	Allegheny
CORDERO, MD, Hermelinda	Luzerne
CORDOBA, MD, Diego R	Armstrong
COREN, MD, Gary S	Philadelphia
COREY, MD, Peter J	Luzerne
COREY, MD, Stephen H	Allegheny
COREY JR, MD, Norman F	Washington
CORFF, MD, Meyer	Philadelphia
CORKHILL JR, MD, Eric A	Montgomery
CORMAN, MD, Lev A	Philadelphia
CORMAN, MD, Paul M	Centre
CORNACCHIA, DO, Damian J	Delaware
CORNACCHIONE, DO, Mario J	Luzerne
CORNELIUS, MD, Jack R	Allegheny
CORNELL, MD, James F	Lehigh
CORNES, MD, Cleon L	Allegheny
CORNFIELD, MD, Dennis B	Philadelphia
CORNISH, MD, James W	Montgomery
CORNMAN III, MD, Henry D	Montgomery
COROSO, MD, Joseph G	Allegheny
CORPUZ JR, MD, Marcelo B	Allegheny
CORRADO, MD, Gail C	Montgomery
CORRADO JR, MD, Albert V	Allegheny
CORRADO JR, MD, Cataldo F	Fayette
CORRAL, MD, Celestino F	Allegheny
CORRATO, ROBERT R	Student
CORREA-MEYER, MD, Paulo M	Delaware
CORRIGAN, MD, Dominic F	Montgomery
CORSELLO, MD, Guy R	Allegheny
CORSELLO, MD, Whitney C	Allegheny
CORSON, MD, Hampton P	Cambria
CORSON, MD, Joseph K	Philadelphia
CORSON, MD, Stephen L	Philadelphia
CORSON, MD, Thomas C	Columbia
CORTES, MD, Miguel A	Philadelphia
CORTES JR, MD, Candido T	Crawford
CORTEZA, MD, Benjamin A	Columbia
CORTINOVIS, MD, Charles R	Washington
CORVASCE, MD, Joseph M	Philadelphia
CORWIN, MD, Douglas T	Washington
COSGROVE, MD, Ellen M	Delaware
COSGROVE, MD, James L	Allegheny
COSSROW, MD, Joel I	Beaver
COSTA, MD, Frank J	Allegheny
COSTA, MD, Jose M	Jefferson
COSTA, MELANIE E	Allegheny
COSTA, MD, Ronald E	Huntingdon
COSTA-GRECO, MD, Maria A	Allegheny
COSTANTINO, MD, George N	Bucks
COSTANZA, MD, Agatha H	Northampton
COSTELLO, MD, Ralph M	Westmoreland
COSTELLO JR, MD, John M	York
COSTLOW, MD, James S	Allegheny
COTLER, MD, Jerome M	Philadelphia
COTLER, MD, Marc D	Montgomery
COTTER, MD, Ralph E	Allegheny
COTTINGTON, MD, Gordon M	Butler
COTTLE, MD, Betty L	Blair
COTTLE, MD, Harold R	Blair
COTTON, ERIC K	Allegheny
COTTONE, MD, Benjamin J	Lackawanna
COTTRELL, MD, David C	Northmbrland
COUCH, MD, F Boyd	Westmoreland
COUCH, MD, James B	Philadelphia
COULTER, MD, Clinton R	Clarion
COUNCELL, MD, Richard B	Allegheny
COURSIN, MD, David B	Lancaster
COURTNEY, MD, Drew E	Lebanon
COURTNEY, MD, William B	Westmoreland
COUSOUNIS, MD, Gerry T	Philadelphia
COVALESKY, MD, Veronica A	Philadelphia
COVALLA, MD, John R	Clearfield
COVELL, MD, John B	Clinton
COVERDALE, MD, Edward J	Bucks
COVERDALE, MD, Paul J	Bucks
COVERDALE III, MD, Edward J	Bucks
COVEY, MD, John K	Centre
COWAN, MD, Thomas W	Allegheny
COWEN, DO, Lee A	Philadelphia
COWEN, DO, Stephen P	Philadelphia
COWGER, MD, David	Clinton
COWITZ, MD, Bernard	Philadelphia
COWLEY, MD, Allen W	Dauphin
COX, MD, James L	Philadelphia
COX, MD, Paul A	Cumberland
COX, MD, Ralph L	Fayette
COYLE, MD, John J	Luzerne
COYLE, MD, Robert M	Allegheny
COYLE, MD, Sophie J	Allegheny
COYLE, MD, William A	Delaware
COYNE, MD, Bonnie A	Allegheny
COYNE, MD, Richard J	Philadelphia
COYNE, MD, Veronica E	Bucks
COZINE, MD, Richard A	Lycoming
COZZA JR, MD, Michael R	Beaver
COZZARELLI, MD, James D	Montgomery
CRAFT, JEANNE A	Student
CRAGO, MD, H Robert	Mercer
CRAIG, DONNA J	Allegheny
CRAIG, MD, Paul C	Berks
CRAIG, MD, Richard A	York
CRAIN, MD, Richard H	Beaver
CRAKE, MD, Roger F	Columbia
CRAM, MD, Robert H	Delaware
CRAMER, MD, Arnold J	Montgomery
CRAMER, DO, David I	Centre
CRAMER, MD, Michelle E	Montgomery
CRAMP, MD, Lloyd L	Berks
CRAMTON, MD, David C	Luzerne
CRANDALL, MD, Theodore L	Allegheny
CRANDALL III, MD, Richard A	Lancaster
CRANE, MD, A Reynolds	Philadelphia
CRAVETZ, MD, Howard	Montgomery
CRAWFORD, MD, Cheryl A	Allegheny
CRAWFORD, MD, Donald G	Dauphin
CRAWFORD, MD, George A	Franklin
CRAWFORD JR, MD, Ralph W	Blair
CREAMER, MD, Thomas E	Philadelphia
CREECH, MD, Richard H	Philadelphia
CREIGHTON JR, MD, Daniel K	Mifflin/Juni
CREPS, STEVEN R	Allegheny
CRETEKOS, MD, Constantine J	Allegheny
CRETELLA, MD, Thomas S	Columbia
CRIDER, MD, Donald B	Blair
CRIEP, MD, Leo H	Allegheny
CRILL, MD, Norman C	Lancaster
CRILLEY, DO, Pamela A	Philadelphia
CRISOSTOMO, GERMAN V	Allegheny
CRISPEN, MD, James F	Dauphin
CRISPEN, MD, John W	Adams
CRISPINO, MD, Charles M	Allegheny
CRISTOL, MD, James L	Philadelphia
CRITS, MD, Harry J	Montgomery
CRITTENDEN, MD, Donald W	Bucks
CROCK, MD, Frederick W	Allegheny
CROCKETT, MD, Barbara A	Delaware
CROLEY, MD, James T	Schuylkill
CROLL, MD, Millard N	Philadelphia
CROMO, SANDRA A	Student
CROMPTON, MD, Richard E	Luzerne
CRONIN, MD, Dennis W	Philadelphia
CRONKEY, MD, Joseph E	Lackawanna
CRONLEY, MD, Shea A	Philadelphia
CROOKE, MD, Stanley T	Philadelphia
CROSBY, ELAINE P	Allegheny
CROSS, MD, Albert J	Lackawanna
CROSS, DO, Philip H	Philadelphia
CROSS, MD, Raquel	Erie
CROSS JR, MD, Samuel	Armstrong
CROSSETT, MD, Lawrence S	Philadelphia
CROTEAU, MD, J Russell	Dauphin
CROTHERS, MD, W Gifford	Delaware
CROUSE, MD, George W	Westmoreland
CROVATTO, MD, Arthur C	York
CROWLEY, MD, Patricia A	Allegheny
CROYLE, MD, Ray W	Westmoreland
CRUCIANI JR, MD, Dominick A	Lackawanna
CRUDO, MD, Chito M	Westmoreland
CRUFT, MD, George E	Philadelphia
CRUM, MD, George E	Allegheny
CRUMAY, MD, Hugh M	Dauphin
CRUMRINE, MD, Richard S	Beaver
CRUSE, MD, Joseph R	Berks
CRUZ, MD, Alexander C	Montgomery
CRUZ, MD, Alice M	Greene
CRUZ, MD, Edgardo S	Lehigh
CRUZ, MD, Maria L	Tioga
CRUZ, MD, Rogelio A	Erie
CRUZ, MD, Trinidad T	Greene
CRUZ JR, MD, Moises B	Potter
CRUZ-ALVAREZ, MD, Rebecca E	Philadelphia
CRYER, MD, Theodore H	Franklin
CRYSTLE, MD, C Deans	Lancaster
CSIKOS, MD, David A	Cambria
CSIR, MD, Floyd M	Erie
CUBE, MD, Henry M	Somerset
CUBLER, MD, Edward W	Schuylkill
CUCINOTTA, MD, Salvatore	Philadelphia
CUDDEBACK, MD, Thomas J	Allegheny
CUDDY, MD, Vincent D	Beaver
CUISON, MD, Navora G	Delaware
CUISON, MD, Sergio Q	Delaware
CULBERTSON, MD, Clayton E	Washington
CULF, MD, Norris K	Philadelphia
CULIG, MD, Carl A	Allegheny
CULLEN, MD, Esker W	Centre
CULLEN, MD, Milton L	Philadelphia
CULLEY, MD, Andrew W	Beaver
CULOTTA, MD, Dominic A	Bucks
CULP, MD, Robert T	Venango
CULYBA, MD, Michael J	Beaver
CUMMINGS, PETER D	Student
CUMMINGS III, MD, Cary	Dauphin
CUNNANE, MD, Mary F	Philadelphia
CUNNINGHAM, MD, J David	Montgomery
CUNNINGHAM, MD, John R	Erie
CUNNINGHAM, MD, Peter L	Northampton
CUNNINGHAM, MD, William L	Washington
CURCI, MD, Joseph J	Bucks
CURCIO III, MD, Frederick D	Dauphin
CURLEY, MD, Henry E	Allegheny
CURRAN, MD, Marilyn R	Montgomery
CURRID, MD, Aideen M	Montour
CURRIE, MD, Philip W	Westmoreland
CURRIE, MD, Richard J	Philadelphia
CURRIER, GLENN W	Allegheny
CURRY, MD, Thomas A	Schuylkill
CURTI, MD, Brendan D	Dauphin
CURTIN, MD, Andrew J	Montour
CURTIN, MD, Charles T	Lackawanna
CURTIN, MD, Eugene A	Lackawanna
CURTIN, MD, Hugh D	Allegheny
CURTIN, MD, John J	Philadelphia
CURTIS, MD, Craig W	Beaver
CURTIS, MD, Elizabeth T	Philadelphia
CURTIS, MD, James L	Montour
CUSENZ, MD, Bruce J	Lehigh
CUSHING, MD, William J	Allegheny
CUSTER, MD, Christopher C L	Mifflin/Juni
CUSTER, MD, Richard P	Philadelphia
CUSTODIO, MD, Edgardo C	Lehigh
CUTLER, MD, Charles	Montgomery
CUTLER, MD, Irvin	Philadelphia
CUTLER, MD, Neil	Philadelphia
CUTLER, MD, Robert S	Chester
CUTLER, MD, Stanley M	Allegheny
CUTRY, MD, Joseph J	Potter
CUTULY, MD, Eugene	Allegheny
CWIK, MD, John C	Cambria
CYGAN, MD, David J	Allegheny
CYMERMAN, MD, Frank R	Allegheny
CYNN, MD, Won S	Philadelphia
CYPHER, MD, Ronald L	Butler
CZARNECKI, MD, Casimir	Philadelphia
CZARNECKI, MD, Dorothy G	Philadelphia
CZARNECKI, MD, Nancy S	Philadelphia
CZUBA, MD, Michael T	Greene
CZWALINA, DO, Robert	Luzerne

D

D'ALONZO, MD, Walter A	Philadelphia
DABB, MD, Richard W	York
DABBACK, MD, Dewitt T	Chester
DABEZIES, MD, Marta A	Philadelphia
DACOSTA, MD, Joao B	Allegheny
DADDARIO, MD, Richard T	Bucks
DADPARVAR, MD, Simin D	Philadelphia
DAFFNER, MD, Richard H	Allegheny
DAFTARY, MD, Sudhir R	Lawrence
DAGEN, MD, J Edward	Cumberland
DAGEN, DO, Rose M	Franklin
DAGHESTANI, MD, Aiman N	Crawford
DAGHIR, MD, John N	Westmorelanc
DAGOSTINO, MD, Frank J	Northampton
DAHLE, DO, Ralph E	Dauphin
DAHMUS, MD, Robert R	Dauphin
DAIELLO, MD, David C	Berks
DAIL, MD, Eric M	Erie
DAILEY, MD, Edward G	Dauphin
DAILEY, MD, Ellen E	Erie
DAIT, MD, Jose E	Carbon
DAITER, MD, Donald	Philadelphia
DAJANI, MD, Taher A	Armstrong
DAKIN, MD, Theodora P	Westmorelanc
DALE, MD, Anthony D	Philadelphia
DALE II, MD, Leonard E	Tioga
DALE JR, MD, Hiram T	Northampton
DALEY, MD, Marvin C	Lancaster
DALEY III, JOSEPH C	Student
DALLABRIDA, MD, Marguerite R	Northmbrland
DALLASTA, LINDA M	Student
DALRYMPLE, MD, W Howard	Delaware
DALTORIO, MD, Ronald A	Allegheny
DALY, MD, Christopher J	Allegheny
DALY, MD, Cindy R	Philadelphia
DALY, MD, David G	Berks
DALY, MD, John M	Philadelphia
DALY, MD, Michael J	Allegheny
DALY JR, MD, James F	Dauphin
DALY JR, MD, Michael J	Philadelphia
DALY JR, MD, Richard H	York
DAMANDA, MD, Christopher	Philadelphia
DAMATO, MD, Samuel L	Lancaster
DAMAZO, MD, Elpidio D	Beaver
DAMAZO, MD, Natividad S	Beaver
DAMESHEK, MD, H Lee	Allegheny
DAMIANO, MD, Robert E	Chester
DAMICO, ANTHONY V	Student

DAMJANOV, MD, Ivan	Philadelphia
DAMORE, MD, David L	Mercer
DAMSKER, MD, Jeffrey I	Philadelphia
DANAIE, MD, Nosratollah	Allegheny
DANCA, MD, Alfred F	Luzerne
DANDREA, MD, Raymond L	Cambria
DANESHARD, SHAHROKH	Allegheny
DANFORTH, MD, Nicholas	Montour
DANGELO, MD, Carl F	Lehigh
DANGELO, MD, George J	Erie
DANGELO, MD, Marc S	Philadelphia
DANGIO, MD, Giulio J	Philadelphia
DANIELE, MD, Joseph Q	Erie
DANIELS, MD, Dan	Jefferson
DANIELS, MD, Maurice N	Montgomery
DANIELS, MD, Michael O	Cumberland
DANISHANKO, MD, Albert G	Luzerne
DANKMYER, CHRISTOPHER C	Student
DANKMYER, MD, Frederick L	Schuylkill
DANKO, MD, Eugene T	Allegheny
DANNEKER, MD, Dale A	Centre
DANNENBURG, MD, Arthur M	Philadelphia
DANOFF, MD, David M	Montgomery
DANOFF, MD, Mike	Allegheny
DANOWSKI, MD, Thaddeus S	Allegheny
DANTON, DO, Jack A	Philadelphia
DANTONIO, MD, James A	Allegheny
DANYO, MD, J Joseph	York
DANZI, MD, Joseph T	Bradford
DANZIS, DO, Jeffrey J	Bucks
DAPAR, RHYS V	Allegheny
DARKES, MD, William	Schuylkill
DARNALL, MD, Jeffrey T	Delaware
DARNELL, MD, Richard I	Bucks
DAROWISH, DO, Charles E	Dauphin
DAS, MD, Arunava	Greene
DASCHER JR, MD, John J	Montgomery
DASH, MD, Nilima	Allegheny
DASHE, MD, Myer M	Berks
DASTUR, MD, Khurshed J	Allegheny
DATTA, MD, Bhupinder S	Allegheny
DATTA, MD, Tapan D	Westmoreland
DATTILO, MD, James T	Allegheny
DAUE JR, MD, Edwin O	Dauphin
DAUGHERTY, MD, Donald	York
DAULER, MD, Thomas P	Centre
DAURIA, MD, Thomas M	Fayette
DAVE, MD, Deepak V	Philadelphia
DAVENPORT, MD, Arthur B	Wyoming
DAVID, MD, Jeffrey W	Armstrong
DAVIDES, MD, Kyriakos C	Allegheny
DAVIDSON, MD, Cary A	Monroe
DAVIDSON, DO, James P	Clearfield
DAVIDSON, MD, Jay H	Philadelphia
DAVIDSON, MD, Paul R	Lancaster
DAVIDSON, MD, Richard S	Philadelphia
DAVIDSON, MD, Steven J	Philadelphia
DAVIDSON, MD, Wallace L	Montgomery
DAVIDSON, MD, William R	Dauphin
DAVIDSON JR, MD, William R	Lebanon
DAVIE, MD, Frank M	Westmoreland
DAVIES, MD, Thomas E	Tioga
DAVILA, MD, Juan E	Philadelphia
DAVIS, MD, Allan S	Lancaster
DAVIS, BOLIVIA T	Student
DAVIS, MD, Bruce C	Monroe
DAVIS, MD, C Nelson	Philadelphia
DAVIS, MD, Daniel T	Luzerne
DAVIS, MD, Dennis	Washington
DAVIS, MD, Donald D	Allegheny
DAVIS, MD, Duane E	Montour
DAVIS, MD, Earl C	York
DAVIS, MD, Earle R	Allegheny
DAVIS, MD, Edward W	Montgomery
DAVIS, MD, George B	Luzerne
DAVIS, MD, H Robert	Cumberland
DAVIS, MD, Harold J	Lackawanna
DAVIS, MD, Harriet J	Bucks
DAVIS, DO, Harry B	York
DAVIS, MD, Irene B	Lancaster
DAVIS, MD, J Mostyn	Montour
DAVIS, MD, James H	York
DAVIS, MD, James K	Cambria
DAVIS, MD, John W	Philadelphia
DAVIS, MARY P	Student
DAVIS, MD, Murray C	Tioga
DAVIS, MD, Raymond C	Susquehanna
DAVIS, MD, Richard A	Philadelphia
DAVIS, MD, Richard L	Allegheny
DAVIS, MD, Robert A	Berks
DAVIS, MD, Robert E	Allegheny
DAVIS, MD, Robert H	Dauphin
DAVIS, MD, Robert M	York
DAVIS, MD, Sidney	Union
DAVIS, MD, Stephen J	Dauphin
DAVIS, MD, Stuart M	Tioga
DAVIS, MD, Thomas G	Philadelphia
DAVIS, MD, Thomas P	Franklin
DAVIS, MD, Thomas S	Dauphin
DAVIS, MD, Toye G	Chester
DAVIS, MD, William F	Wayne/Pike
DAVIS, MD, William L	Franklin
DAVIS, MD, William S	Dauphin
DAVIS JR, MD, Edward T	Beaver
DAVIS JR, MD, Robert V	Lackawanna
DAVIS JR, MD, Rollin V	Allegheny
DAVITCH, MD, Leonard S	Philadelphia
DAVNE, MD, Sanford H	Philadelphia
DAVOLI, MD, Robert L	Westmoreland
DAWGERT, MD, F Dennis	Lackawanna
DAWSON, MD, Michael H O	Schuylkill
DAWSON, MD, Reese E	Allegheny
DAWSON, WILLIAM N	Allegheny
DAY, STEPHEN D	Allegheny
DAY JR, MD, Richard W	Allegheny
DAY JR, MD, Robert E	Montgomery
DCRUZ, MD, Joseph F	Blair
DE, MD, Nirmal K	Philadelphia
DEALVAREZ, MD, Russell R	Montgomery
DEAN, JAMES L	Student
DEAN, MD, Robert J	Allegheny
DEANGELO SR, MD, Gregory A	Potter
DEANTONIO, MD, John E	Lackawanna
DEARDORFF, MD, Charles L	Lancaster
DEARMITT, DON A	Allegheny
DEAROLF III, MD, Walter W	Montgomery
DEAS, MD, Thomas C	Philadelphia
DEBENEDICTIS, MD, Kenneth J	Berks
DEBERARDINIS, MD, Camillo T	Philadelphia
DEBIAS, MD, Dennis A	Westmoreland
DEBIASSE, MD, Timothy A	Westmoreland
DEBOER, MD, John L	Monroe
DEBONIS, MD, Charles S	Luzerne
DEBONIS-OREILLY, MD, Maryellen	Westmoreland
DECANDIS, MD, Francis X	Montour
DECARLO, DO, Peter J	Lancaster
DECARO, MD, Joseph A	Delaware
DECASPERIS, MD, Anthony J	Philadelphia
DECASTRO, MD, Miguel A	Philadelphia
DECASTRO, MD, Nieves D	Philadelphia
DECESARE, DO, Raymond C	Monroe
DECHERNEY, MD, William A	Philadelphia
DECHTER, MD, Joseph M	Allegheny
DECKER, MD, John P	Philadelphia
DECKER, MD, Peter G	Luzerne
DECKER, MD, Richard L	Erie
DECKER, MD, Steven E	Montgomery
DECOSMO, MD, Vincent J	Westmoreland
DECURTIS, MD, George M	Luzerne
DEDHIA, MD, Champak	Luzerne
DEE, MD, Cecilio C	Mckean
DEE, MD, William F	Allegheny
DEEB, MD, Ramon J	Lehigh
DEES-PORCH, MD, Frances	Delaware
DEFEO, MD, Joseph W	Bucks
DEFRANCESCO, MD, Charles A	Westmoreland
DEFRANCISCO, MD, Lance C	Blair
DEFRANCISCO, MD, Mary E	Montgomery
DEFRANCO, MD, Joseph M	Erie
DEFRANK, MD, Frank N	Monroe
DEGENNARO, MD, Louis P	Lackawanna
DEGENNARO, MD, Patrick J	Luzerne
DEGER, MD, Randolph B	Philadelphia
DEGREEN, MD, Hyatt P	Lancaster
DEGREGORIO, MD, Nicholas	Allegheny
DEGREGORY, DO, Thomas R	Westmoreland
DEGROOF, MD, Ellen P L	Bucks
DEHAAS, MD, David R	Washington
DEHART, MD, David A	Allegheny
DEHORATIUS, MD, Raphael J	Philadelphia
DEIBERT, MD, David C	Berks
DEIBERT, MD, Edward B	Northampton
DEICHERT, MD, Robert G	Monroe
DEILY, MD, Raymond E	Northampton
DEIMEL, MD, Joseph F	Erie
DEININGER, MD, Arthur G	Crawford
DEININGER, MD, John T	Philadelphia
DEISHER, DAVID M	Student
DEISHER, MD, Samuel W	York
DEITCH, MD, Bernard	Philadelphia
DEITCH, MD, Marc W	Philadelphia
DEITRICK, MD, John E	Montour
DEITRICK, MD, Richard E	Allegheny
DEITRICK III, MD, George A	Philadelphia
DEITRICK JR, MD, George A	Northmbrland
DEITZ III, MD, George W	Montgomery
DEITZLER, MD, Margaret M	Philadelphia
DEJESUS, MD, Robert	Westmoreland
DEJESUS JR, MD, Roman Y	Beaver
DEJOSEPH, MD, Robert L	Luzerne
DEKKER, MD, Andrew	Allegheny
DEKONING, MD, Johannes L	Blair
DEKRET, MD, Jeffrey J	Philadelphia
DEKRUIF, MD, Hendrik	Crawford
DELA TORRE, MD, Henry G	Jefferson
DELACRUZ, MD, Apolinar D	Montgomery
DELACRUZ, MD, Emmanuel A	Lackawanna
DELACRUZ, MD, Silvestre S	Dauphin
DELAFUENTE, MD, Carlos F	Dauphin
DELAITES, MD, Loretta M	Delaware
DELANEY, MD, Richard L	Philadelphia
DELAPLANE, MD, James M	Philadelphia
DELASALAS, MD, Ernesto M	Bedford
DELAURENTIS, MD, Dominic A	Philadelphia
DELCASTILLO, MD, Juan J	Northmbrland
DELCONTE, MD, Anthony	Allegheny
DELEHANTY, MD, Thomas J	Luzerne
DELEO, MD, Caesar A	Lackawanna
DELEO, MD, Nicholas V	Lackawanna
DELEON, MD, Manuel R	Allegheny
DELERME, MD, Augusto N	Blair
DELERME-MORILLO, MD, Jacquelyn W	Blair
DELGADO, MD, Juan F	Northmbrland
DELGADO, MD, Tomas E	Philadelphia
DELGATTO, MD, Louis J	Columbia
DELGRIPPO, MD, Gerard A	Clinton
DELGRIPPO JR, GERARD A	Student
DELGUERCIO, MD, Edmund T	Delaware
DELICH, MD, John P	Elk/Cameron
DELLA ROSA JR, MD, John J	Luzerne
DELLINGER, MD, Woodrow S	York
DELOGLOS, MD, Gust	Allegheny
DELONE JR, MD, Charles A	Dauphin
DELONE JR, MD, Francis X	Delaware
DELONG, MD, Brian S	Dauphin
DELONG, MD, Stephen R	Allegheny
DELONG JR, MD, William G	Philadelphia
DELORENZO JR, MD, Donald P	Franklin
DELP, MD, Charles W	Schuylkill
DELP, MD, Richard U	Columbia
DELP, MD, William T	York
DELP JR, MD, Charles W	Montgomery
DELROSARIO, MD, Vivencio G	Dauphin
DELROSSI, MD, Anthony J	Philadelphia
DELSERONE, MD, Eugene W	Allegheny
DELUCA, MD, Peter F	Philadelphia
DELVECCHIO, MD, Fredesuinda P	Bucks
DELVECCHIO, MD, Leonard M	Berks
DELVECCHIO JR, MD, Leonard M	Mifflin/Juni
DEMARCO, MD, Carlo M	Philadelphia
DEMARCO, MD, James C	Delaware
DEMARCO, MD, John J	Erie
DEMARCO, MD, Lucinda	Montgomery
DEMARIA JR, MD, Louis C	Lancaster
DEMARIA JR, MD, Peter A	Philadelphia
DEMASI, MD, Leon G	Philadelphia
DEMASI, MD, Pantaleone	Philadelphia
DEMASI, MD, Rocco J	York
DEMATTEIS, MD, James A	Erie
DEMBY, MD, Dennis M	Butler
DEMEDIO, MD, Gabriel A	Allegheny
DEMEZZA, MD, Angelo	Westmoreland
DEMICHELE, MD, Joseph	Philadelphia
DEMILIO, MD, Terrance A	Westmoreland
DEMKO, MD, Joseph N	Lackawanna
DEMOPOULOS, MD, James T	Philadelphia
DEMOS, MD, Jack	Allegheny
DEMOURA, MD, Jamilo B	Philadelphia
DEMPSEY, MD, Daniel T	Philadelphia
DEMPSEY, MD, Eugene C	Philadelphia
DEMPSEY, MD, James G	Lackawanna
DEMPSEY, MD, William J	Lackawanna
DEMPSHER, MD, John	Chester
DEMUTH, MD, Cynthia T	Dauphin
DEMUTH, MD, William W	Dauphin
DEMUTH JR, MD, William E	Cumberland
DENARDO, MD, Samuel R	Luzerne
DENARO, MD, Anthony T	Luzerne
DENBY, MD, Robert A	Berks
DENCH JR, MD, Edward H	Centre
DENDE, DO, Paul F	Lackawanna
DENGLER, MD, Ernest H	Berks
DENIO, MD, Alfred E	Montour
DENIS, MD, Leonard J	Lackawanna
DENIZARD, MD, Carl E	Philadelphia
DENLINGER, MD, John K	Lancaster
DENNEHY, MD, John J	Montour
DENNEMEYER, MD, James E	Blair
DENNIS, MD, James B	Columbia
DENNIS, MD, William J	Philadelphia
DENT, MD, Thomas L	Montgomery
DENTE, MD, Joseph B	Northampton
DENVER, MD, Stanley D	Allegheny
DEOCERA, MD, Rodolfo M	Bucks
DEOL, MD, Jasbir S	Northampton
DEPACE, MD, Nicholas L	Philadelphia
DEPAOLI, MD, Rosemary T	Montour
DEPASQUALE, MD, Sam C	Luzerne
DEPAULA, MD, Carl J	Philadelphia
DEPRISCO, DO, John	Philadelphia
DEQUEVEDO, MD, Robert F	Monroe
DERASSE, MD, Alain R	Northampton
DERASSE, MD, Judith R	Northampton
DERATZOU, BENJAMIN	Allegheny
DERENZO, MD, Aurelio G	Philadelphia
DEREWITZ, MD, Daniel L	York
DERHAM, MD, Robert J	Philadelphia
DERIENZO, MD, Umberto A	Washington
DERIVAN, MD, Albert T	Delaware
DERIVAS, MD, Carmela F	Montgomery
DERKRIKORIAN, MD, Hagop L	Delaware
DERMAN, SETH G	Allegheny
DEROJAS, MD, Juan J	Luzerne
DERR, MD, Craig A	Berks
DERR, MD, Frederick S	Union
DERR, MD, Russell H	Lancaster
DERRICK, MD, Bruce M	Bucks
DERSH, MD, Jerome	Berks
DERSHAW, MD, Bruce B	Bucks
DERSHAW, MD, Samuel	Philadelphia
DERSTINE, MD, Ralph L	Montgomery
DESAI, MD, Ajit M	Philadelphia
DESAI, MD, Anil G	Philadelphia
DESAI, MD, Ansuya M	Montgomery
DESAI, MD, Arundev D	Lackawanna
DESAI, MD, Arvind D	Lackawanna
DESAI, MD, Bharati P	Westmoreland
DESAI, MD, Jitendra M	Allegheny
DESAI, MD, Kashmira A	Lackawanna
DESAI, MD, Kiritkumar T	Philadelphia
DESAI, MD, Meena B	Lackawanna
DESAI, MD, Mohan G	Montgomery
DESAI, MD, Praful V	Westmoreland
DESAI, MD, Saryu J	Allegheny
DESAI, MD, Shirishkumar B	Greene
DESAMLAZARO, MD, Alda	Warren
DESANCTIS JR, MD, Joseph J	Berks
DESANTES, MD, Frank A	Blair
DESANTIS, MD, Joseph G	Philadelphia
DESANTIS, MD, Luigi	Bucks
DESANTIS, MD, Peter L	Mercer
DESANTOLA, MD, Joseph R	Philadelphia
DESANTOS, MD, Marcelino A	Bucks
DESHMUKH, MD, Narayan	Bradford
DESHPANDE, MD, Asha S	Warren
DESHPANDE, MD, Sharadchandra	Erie
DESHPANDE, MD, Smita V	Lehigh
DESHPANDE, MD, Vilas K	Lehigh
DESIMONE, MD, Gregory G	Delaware
DESIMONE, MD, John S	Westmoreland
DESIO, MD, Felix J	Bradford
DESJARDINS, MD, George P	Berks
DESSEN, MD, Edgar L	Luzerne
DETHOFF, MD, John C	Berks
DETRE, MD, Thomas	Allegheny
DETUERK, MD, John J	Philadelphia
DETULLIO, MD, Anthony E	Philadelphia
DETWEILER, DO, Thelma M	Beaver
DETWEILER, MD, Thomas C	Montgomery
DETWEILER EXEC SEC, JOHN S	Bucks
DEUNE, EAGEN G	Allegheny
DEUTSCH, MD, Joel	Philadelphia
DEUTSCH, MD, Melvin	Allegheny
DEUTSCH JR, MD, E Thomas	Chester
DEVABHAKTUNI, MD, Raghu V	Luzerne
DEVAN, MD, W Todd	York
DEVANI, MD, Shyamsunder H	Carbon
DEVAUGHN, MD, Gerald L	Philadelphia
DEVENNEY, MD, John E	Montgomery
DEVINE, MD, Jean K	Montgomery
DEVINE, MD, Michael F	Montgomery
DEVINE, MD, Peter J	Philadelphia
DEVINE, MD, Raylene A	Berks
DEVINE, MD, Terence M	Bradford
DEVINEY, MD, John P	Montgomery
DEVITA, MD, Dennis M	Mifflin/Juni
DEVITA, MD, Michael L	Mifflin/Juni
DEVITTORIO, MD, Armond A	Jefferson
DEVLIN, MD, Albert E	Jefferson
DEVLIN, MD, Joseph T	Philadelphia
DEVLIN, MD, Michael F	Luzerne
DEVRIES, MD, Jan R J	Somerset
DEWAR, MD, William R	Wayne/Pike
DEWAR III, MD, William R	Wayne/Pike
DEWIS, MD, Lester S	Chester
DEX, MD, Walter J	Lehigh
DEYOUNG, MD, Edward M	Philadelphia
DHADUK, MD, Vithalbhai D	Philadelphia
DHAGAT, MD, Satishchandra	Beaver
DHALIWAL, MD, Ranjit S	Erie
DHAWAN, MD, Neelam	Allegheny
DHAWAN, MD, Ram L	Allegheny
DHAWER, MD, Virender P S	Cambria
DHEEN, MD, Mohamed H R	Lawrence
DIAKIW, MD, John	Lackawanna
DIAMANTONI, MD, Stephen G	Lancaster
DIAMOND, MD, B Franklin	Montgomery
DIAMOND, MD, Daniel L	Allegheny
DIAMOND, MD, Mark	Allegheny
DIAMOND, MD, Sidney J	Delaware
DIAZ, MD, Filadelfo T	Montgomery
DIAZ, MD, Floriel P	Carbon
DIAZ, MD, Jovencio J	Lebanon
DIAZ, MD, Renato T	Monroe
DIBAGNO, MD, Geno J	Westmoreland
DIBELLO, MD, Angelo M	Philadelphia
DIBERT, MD, Lawrence W	Blair
DICKENS, MD, Helen O	Philadelphia
DICKEY, MD, Robert F	Montour
DICKINSON, MD, Peter A	Allegheny
DICKSON JR, MD, Thomas B	Lehigh
DICKSTEIN, MD, Benjamin	Philadelphia
DICOLA, MD, Nancy M	Allegheny
DICONCETTO, MD, Joseph A	Northampton
DICUCCIO, MD, Nicholas W	Clinton
DICUCCIO, MD, William A	Butler
DIDDLE, MD, Kenneth W	Westmoreland
DIDONATO, MD, Richard R	Huntingdon
DIDONATO, ROBERT	Student
DIEHL, MD, Daniel L	Lancaster
DIENER, MD, Ian L	Montgomery
DIENHART, MD, Karl J	Bradford
DIETEMAN, MD, David F	Erie
DIETER, MD, Kevin F	Delaware
DIETLY, MD, Robin Z	Allegheny
DIETRICH, MD, C Wallace	Allegheny
DIETRICH, DO, Leonard M	Berks
DIETRICH, DO, Malcolm H	York
DIETRICH, DO, Marcia C	Berks
DIETRICH, SCOTT A	Student
DIETRICH, MD, Warren C	Northampton
DIETRICH, MD, William S	Dauphin
DIETRICK, MD, Richard F	Montgomery
DIETRICK, MD, Ronald A	Blair
DIEZ, MD, Charles M	Allegheny
DIFAZIO, LOUIS T	Allegheny
DiGERGORIO, MD, Guerino J	Chester
DIGIACOMO, MD, Oscar P	Philadelphia
DIGIACOMO, MD, Paul R	Lebanon
DIGIACOMO JR, MD, Philip J	Montgomery
DIGILIO, MD, Victor A	Philadelphia
DIGIOVANNI, MD, Alphonse J	Delaware

DIGIOVANNI, MD, Anthony J	Delaware
DIGIOVANNI, MD, Robert J	Delaware
DIGIOVANNI, MD, Vincent J	Luzerne
DIILIO, MD, Richard P	Allegheny
DIIORIO, MD, Emil J	Northampton
DILCHER, MD, Robert H	Lehigh
DILEO, MD, Dominic W	Fayette
DILIBERTO, DO, Thomas A	Delaware
DILLINGER, MD, Ellen M	Allegheny
DILLMAN, MD, Nicholas J	Philadelphia
DILLON, MD, Daniel J	Allegheny
DILLON, MD, Richard S	Montgomery
DIMAGGIO, MD, Olivia T	Delaware
DIMARCO, MD, Ross F	Allegheny
DIMARINO, MD, Anthony J	Philadelphia
DIMASI, DO, Robert E	Erie
DIMEDIO, MD, Joseph A	Delaware
DIMICK, MD, Dean F	Lehigh
DIMILILER, MD, Ismail	Northmbrland
DIMITSOPULOS, MD, Dimitri	Allegheny
DIMOIA, MD, Margaret M	Bucks
DIMONTE, MD, Diane K	Chester
DIMUN, MD, Michael F	Allegheny
DINARDO, MD, Laurence J	Philadelphia
DINATTI III, LOUIS A	Allegheny
DINEEN, MD, Francis A	Allegheny
DINICOLA, MD, Arthur N	Schuylkill
DINMAN, MD, Bertram D	Allegheny
DINON, MD, Louis R	Philadelphia
DINSMORE, MD, Harry H	Jefferson
DINUBILE, MD, Nicholas A	Philadelphia
DINULOS, MD, Baltazar T	Lebanon
DION, MD, Harry S	Philadelphia
DIORIO, MD, James P	Luzerne
DIORIO, MD, Norina M	Luzerne
DIPPERY, MD, Lee M	Blair
DIPPOLITO, MD, Anthony D	Northampton
DIRENZO, MD, Dennis P	Berks
DIRIENZO, MD, Enrico J	Bucks
DIRNBERGER, DO, Thomas	Schuylkill
DIROCCO, MD, Vincent P	Philadelphia
DISALVO, MD, Barbara A	Northampton
DISALVO, MD, Eugene I	Northampton
DISHART, MD, Paul W	Allegheny
DISICK, MD, Solomon	Centre
DISILVESTRO, MD, Helen E	Philadelphia
DISILVESTRO JR, MD, John M A	Philadelphia
DISILVIO, MD, Thomas V	Lackawanna
DISTEFANO, MD, Berardino	Erie
DISTEFANO, MD, Grimaldo C	Philadelphia
DITLOW JR, MD, Richard J	Bradford
DITMARS, MD, Douglas D	Northampton
DITOPPA, DO, Louis A	Allegheny
DITTMAN, MD, Thomas H	Luzerne
DITTMAR, MD, Stuart W	Franklin
DITTRICH, DO, Richard J	Philadelphia
DITUNNO, MD, John F	Philadelphia
DIWAN, MD, Kanta	Delaware
DIX, LISA M	Student
DIX JR, MD, Robert C	Union
DIXIT, MD, Niranjan D	Fayette
DIXON, MD, Harold L	Philadelphia
DIXON, MD, Richard H	Centre
DIXON, MD, Robert E	Mifflin/Juni
DIZON, MD, Gaudencio S	Carbon
DJERASSI, MD, Isaac	Philadelphia
DLIN, MD, Barney M	Philadelphia
DLUTOWSKI, MD, Bernard J	Philadelphia
DLUZANSKY, MD, James J	Blair
DO, SI V	Student
DOAN, MD, Huynh Trieu	Philadelphia
DOBISH, MD, Michael J	York
DOBKIN, MD, Larry A	Allegheny
DOBLE II, MD, Henry P	Mercer
DOBLER, MD, James C	Allegheny
DOBLER, MD, Lee C	Allegheny
DOBOSH, MD, George A	Northampton
DOBROTA, MD, John S	Bucks
DOCKTOR, MD, John W	York
DODD, MD, Stephen I	Mifflin/Juni
DODDS, MD, H Thomas	Delaware
DODGE, MD, Herbert C	Philadelphia
DODSON, MD, Donald L	Northampton
DOE, MD, Robert G	Lancaster
DOEBLER, MD, Robert W	Allegheny
DOEFF, MD, Jan W	Montgomery
DOENECKE, MD, Arthur L	Lancaster
DOERFLER JR, MD, Frederick B	Allegheny
DOFT, MD, Bernard H	Allegheny
DOGHRAMJI, MD, Paul P	Montgomery
DOHERTY, DO, John M	Delaware
DOHERTY, MD, Joseph C	Westmoreland
DOHERTY JR, MD, Henry J	Montgomery
DOHERTY JR, MD, John H	Lackawanna
DOHERTY SR, MD, John H	Lackawanna
DOHNER, ERIC A	Student
DOKKO, YONI	Allegheny
DOLAN III, MD, James J	Clinton
DOLECKI, MICHAEL	Student
DOLENCE, MD, Danielle	Allegheny
DOLFMAN, MD, Victor	Philadelphia
DOLINSKAS, MD, Carol A	Philadelphia
DOLL JR, MD, Robert B	Lehigh
DOLPHIN, MD, John M	Philadelphia
DOLPHIN, MD, Murray	Luzerne
DOLSKY, MD, Richard L	Montgomery
DOMALESKI, MD, Alfred F	Potter
DOMANSKI, MD, Robert E	Philadelphia
DOMAT, MD, Imad	Allegheny
DOMESEK, MD, James M	Montgomery
DOMINGO, MD, Orville H	Delaware
DOMON, MD, Charles M	Philadelphia
DONAHOE, MD, Michael T	Franklin
DONAHOO, MD, James S	Philadelphia
DONAHUE, MD, John R	Montgomery
DONALD, MD, Delmar J	Montgomery
DONALDSON, MD, David H	Allegheny
DONALDSON, MD, James B	Philadelphia
DONALDSON, MD, William F	Allegheny
DONAN, MD, Anderson W	Mercer
DONATELLI, MD, John M	Allegheny
DONATO, MD, Robert A	Philadelphia
DONCASTER, MD, Richard M	Westmoreland
DONDE, MD, Dilip M	Cambria
DONDE, MD, Mrunalini D	Cambria
DONEKER, MD, Thomas G	Northampton
DONER, DO, Ivan A	Philadelphia
DONG, MD, David E	Dauphin
DONLY, MD, Donovan L	Berks
DONNELLY III, MD, Edward J	Allegheny
DONNELLY JR, MD, Joseph C	Berks
DONNER, MD, Marda E	Philadelphia
DONNER, MD, William T	Montgomery
DONOFRIO, MD, Robert J	Allegheny
DONOFRIO, MD, Romeo R	Chester
DONOVAN, MD, Byron L	Westmoreland
DONOVAN, MD, Francis C	Allegheny
DONOVAN, MD, J Ward	Dauphin
DONOVAN, MD, John J	Allegheny
DONOVAN, MD, Robert J	Allegheny
DONOVAN, MD, Robert S	Berks
DONROVICH, MD, Paul J	Cambria
DOO, MD, Gerald K	Adams
DOOREY, MD, Andrew J	Montgomery
DORAZIO, MD, Dominick J	Lancaster
DORAZIO, MD, Edward A	Philadelphia
DORAZIO, MD, Nicholas J	Chester
DORAZIO, DO, Ronald J	Delaware
DORFMAN, MD, Alan M	Philadelphia
DORFMAN, MD, Murray L	Delaware
DORFMAN, MD, Neil H	Philadelphia
DORIAN, MD, Alan L	Montgomery
DORKO, MD, Carl J	Dauphin
DORMAN, MD, Gordon	Philadelphia
DORMAN, MD, Sanford A	Northampton
DORMANS, MD, Adrian A	Luzerne
DORNENBURG, MD, James R	Allegheny
DOROSHOW, DO, Larry P	Philadelphia
DORRELL, MD, Sean G	Philadelphia
DORSCH JR, MD, Raymond M	Lebanon
DORSEY, MD, James T	Lehigh
DORST, MD, Stanley K	Allegheny
DORTCH, MD, Joseph	Philadelphia
DORVAL, MD, Jane K	Philadelphia
DORVILLE, MD, Fabio L	Northampton
DORWART, MD, Bonnie B	Philadelphia
DOSHI, MD, Kirti K	Philadelphia
DOSHI, MD, Nalini N	Allegheny
DOSHI, MD, Narendra S	Allegheny
DOSSETT, MD, John H	Dauphin
DOSTAL, MD, Julie A	Luzerne
DOTO JR, MD, Joseph B	Northampton
DOTSEY, MD, Michael T	Clearfield
DOTTERER, MD, Christine S	Northmbrland
DOTTERWAY, MD, Blanche E	Westmoreland
DOTTOR, MD, Albinka J	Lehigh
DOTTS EXEC SEC, CAROL	Chester
DOUDS, MD, Howard N	Allegheny
DOUGHERTY, MD, Francis M	Schuylkill
DOUGHERTY, MD, Malvin J	Philadelphia
DOUGHERTY, MD, Michael J	Delaware
DOUGHERTY, MD, Ralph N	Allegheny
DOUGLAS, MD, Donald D	Lycoming
DOUGLAS, MD, E Lorenzo	Philadelphia
DOUGLAS, LESLIE D	Allegheny
DOUGLASS, MD, Paul H	York
DOUPE, MD, David W	Erie
DOUWES, MD, Karel	Philadelphia
DOVNARSKY, MD, James H	Philadelphia
DOVYDAITIS, MD, Romas	Lackawanna
DOWDELL, MD, Paul J	Mercer
DOWLING, MD, John J	Philadelphia
DOWLUT, MD, Mohammad N	Blair
DOWNES, MD, John J	Philadelphia
DOWNEY, MD, Mark P	Philadelphia
DOWNIE, MD, Robert W	Montgomery
DOWNING, MD, Timothy M	Crawford
DOWNS, DO, Carolyn R	Bucks
DOWRAY, MD, Ramesh	Bucks
DOYLE, MD, Alfred P	Allegheny
DOYLE, MD, Faye R	Chester
DOYLE, MD, John J	Allegheny
DOYLE, MD, Russell G	Chester
DRACOS, MD, Frank J	Monroe
DRAGAN, MD, George A	Allegheny
DRAGANN, DO, Raymond D	Lancaster
DRAGANOSKY, MD, Eugene A	Bucks
DRAGO, DO, John P	Dauphin
DRAGUN, JOANNE B	Student
DRANOV, MD, Jonathan	Centre
DRAPER, MD, Nelle E	Philadelphia
DRAPIEWSKI, MD, John F	Luzerne
DRAPIEWSKI, MD, Vincent A	Luzerne
DRATCH, MD, Michael B	Philadelphia
DRATLER, MD, Marvin B	Crawford
DRATMAN, MD, Cathy K	Philadelphia
DREAZEN, MD, Jonathan R	Berks
DREER, MD, Aaron M	Philadelphia
DREHER, MD, Robert H	Northampton
DREIBELBIS, MD, William H	Centre
DREIFUS, MD, Leonard S	Philadelphia
DRENCHKO JR, MD, Peter	Indiana
DRENNEN JR, MD, James K	Butler
DRESSEL JR, MD, Christopher J	Lackawanna
DREW, MD, Frances S	Allegheny
DREXLER, MD, Lawrence J	Allegheny
DREYFUS, MD, Richard	Erie
DREZNER, MD, Malcolm E	Bucks
DRINKER, MD, Henry M	Philadelphia
DRISCOLL, MD, Genevra Z	Montgomery
DRISCOLL, MD, Robert A	Crawford
DRISCOLL, DO, Robert W	Montgomery
DRIZIN, MD, Gary S	Montgomery
DROBNER, WILLIAM	Student
DROZDIAK, MD, Russell A	Indiana
DRUBETSKIY, MD, Naum	Philadelphia
DRUCKEMILLER, MD, William H	Erie
DRUCKER, MD, Mitchell D	Philadelphia
DRUCKMAN, MD, Stephen M	Lebanon
DRUFFNER, MD, Charles R	Lackawanna
DRUFFNER JR, MD, Lewis C	Lackawanna
DRUMMOND, MD, Denis S	Philadelphia
DRY, MD, Frederick A	Lehigh
DSILVA, MD, Henry I	Bucks
DUANE, MD, Thomas D	Northampton
DUBBS, MD, Alfred W	Lehigh
DUBEY, MD, Saroj K	Erie
DUBIN, WENDY L	Student
DUBLIN, MD, George J	Philadelphia
DUBNER, MD, Paul F	Allegheny
DUBOIS, JON S	Student
DUBOWITZ, MD, Leslie	Schuylkill
DUCA, MD, Peter R	Philadelphia
DUCHIN, MD, Harvey E	Philadelphia
DUCKETT JR, MD, John W	Philadelphia
DUDA, MD, Andrew M	Berks
DUDA, MD, John R	Philadelphia
DUDECK, MD, Carl R	Butler
DUDEK, MD, William C	Philadelphia
DUDENHOEFER, MD, Frederick J	Erie
DUDICH, MD, Michael S	Montgomery
DUE, MD, Christopher F	York
DUERKSEN, MD, Roger L	Allegheny
DUFENDACH, MD, John H	Adams
DUFFY, MD, Clyde F	Allegheny
DUFFY, MD, Ruth E	Chester
DUFFY, MD, Scott S	Berks
DUGAN, CHARLES T	Student
DUGAN, MD, Thomas M	Erie
DUGAN JR, MD, Thomas M	Beaver
DUGGAN, MD, James H	Allegheny
DUGGAN JR, MD, Francis J	Dauphin
DUKE III, MD, Bruce E	Cambria
DUKER, MD, Daniel G	Allegheny
DULA, MD, David J	Montour
DULABON, MD, David A	Erie
DULABON, MD, George M	Allegheny
DULCEY JR, MD, John J	Bucks
DULL, MD, James A	Westmoreland
DUMARAN, MD, Delfa G	Montgomery
DUMAS, MD, Peter A	Philadelphia
DUMAS, MD, Peter R	Montgomery
DUNAGIN, MD, William G	Venango
DUNAY, DO, Darlene A M	Lackawanna
DUNCAN, MD, Ralph E	York
DUNCAN, MD, Theodore G	Philadelphia
DUNDORE JR, MD, William C	Allegheny
DUNFEE, ROBIN A	Student
DUNHAM, DO, Douglas A	Allegheny
DUNKLE, MD, David B	Dauphin
DUNMIRE, MD, Lester A	Allegheny
DUNN, MD, David D	Erie
DUNN, MD, David W	Crawford
DUNN, MD, Geoffrey P	Erie
DUNN, MD, James W	Delaware
DUNN, MD, Jeffrey M	Philadelphia
DUNN, MD, Jerome	Lehigh
DUNN, MD, Joseph P	Venango
DUNN, MD, Lewis J	Philadelphia
DUNN, MD, Philip F	Huntingdon
DUNN, DO, Timothy A	Bucks
DUNNE, MD, Anne P	Montour
DUNNE, MD, Gay D	Centre
DUNNE, MD, James H	Centre
DUNNING, MD, E Ruth	Monroe
DUNSMORE, MD, Lillian D	Chester
DUNSMORE, MD, Richard A	Chester
DUPLER, MD, Donald A	Philadelphia
DUPONT JR, MD, Philip J	Clearfield
DUPREY, MD, James G	Lancaster
DURA, PAUL A	Student
DURANT, MD, John R	Philadelphia
DURBECK, MD, Donald C	Dauphin
DURISEK, MD, George S	Dauphin
DURKAN, MD, Gerald	Allegheny
DURKIN, MD, Martin J	Montgomery
DURKIN, MD, Maureen L	Adams
DURNING, MD, Clifton M	Chester
DURNING, MD, Robert P	Allegheny
DUROCHER, MD, John R	Philadelphia
DURRWACHTER, MD, Robert J	Lycoming
DUSINBERRE, MD, Robert Y	Tioga
DUTHINH, VUONG	Student
DUTLINGER, MD, Robert P	Dauphin
DUTTA, MD, Tarit K	Allegheny
DVORKIN, MD, Daniel	Chester
DWINNELLS, MD, Ronald	Mercer
DWORKIN, DO, Gerald E	Philadelphia
DWYER, MD, John H	Allegheny
DY, MD, Victor C	Northampton
DYE, MD, Robert E	Dauphin
DYKYJ, MD, Roman	Philadelphia
DYKYJ JR, MD, Roman	Philadelphia
DYNAN, MD, James E	Montgomery
DYREYES, MD, Roberto R	Lebanon
DYSON, MD, William L	Philadelphia
DZIELAK, DO, Edward J	Lackawanna
DZUREK, MD, William V	Schuylkill
DZWONCZYK JR, MD, John	Philadelphia

E

EAGEN, MD, Jeremiah W	Lackawanna
EAGER, MD, J Michael	Berks
EAGLE, MD, Ewa L	Delaware
EAGLE, MD, Perry A	York
EARICK, MD, Michael E	Erie
EARLE, MD, Linda A	Philadelphia
EARLE, MD, Martin F	Allegheny
EARLY, MD, Calvin B	Franklin
EARLY SR, MD, Robert F	Lebanon
EARNEST, MD, Tamar D	Lehigh
EASLER, MD, Richard E	Allegheny
EASTLAND, MD, Theodore W	Berks
EATER JR, MD, Charles L	Mifflin/Juni
EATON, MD, David A	Northampton
EATON, MD, Edward H	Dauphin
EBERHART, MD, Joseph C	Bucks
EBERLEIN, MD, Walter R	Philadelphia
EBERLY, MD, David E	Delaware
EBERSOLE, MD, John H	Lancaster
EBERSOLE, MD, Thomas M	Berks
EBERTS, MD, Brian W	Allegheny
EBERZ, MD, Dennis A	Allegheny
ECHENBERG, MD, Robert J	Northampton
ECHIKSON, MD, Edward H	Montgomery
ECKBERG, MD, John J	Erie
ECKEL, MD, Timothy B	Columbia
ECKELS, DO, Dennis L	Cambria
ECKENRODE, MD, Joseph L	Lancaster
ECKER, MD, Malcolm L	Philadelphia
ECKER JR, MD, Herbert A	Lycoming
ECKER SR, MD, Herbert A	Lycoming
ECKERT, MD, Robert T	Butler
ECKROTH, MD, Richard N	Lebanon
EDBERG, MD, Sanford H	Allegheny
EDDINGER, MD, Leo C	Lehigh
EDELMAN, MD, Barry J	York
EDELMANN, MD, Christine A	Allegheny
EDELSTEIN, MD, Abe J	Cambria
EDELSTEIN, MD, Joel K	Philadelphia
EDELSTEIN, MD, Merle P	Montgomery
EDELSTEIN, MD, Norman L	Allegheny
EDER JR, MD, George E	York
EDGE, MD, Fred C	Fayette
EDINGTON, MD, John M	Philadelphia
EDMISTON, MD, Robert B	Dauphin
EDMONSTON, MD, George F	Armstrong
EDMUNDOWICZ, MD, Alphonse C	Dauphin
EDMUNDS, MD, Elizabeth H	Berks
EDMUNDS JR, MD, L Henry	Philadelphia
EDWARDS, MD, George E	Dauphin
EDWARDS, MD, Mary D	Allegheny
EDWARDS, MD, William M	Allegheny
EDWARDS, MD, William P	Venango
EFFERSON-BONACHGA, NANCY D	Allegheny
EFFINGER, MD, Gerold J	Bucks
EGAN, MD, Catherine J	Allegheny
EGAN JR, MD, Richard J	Allegheny
EGBERT, MD, E Wayne	Delaware
EGGLER, MD, Betsey A	Mifflin/Juni
EGLESTON, MD, L Allan	Westmoreland
EGLICK, MD, Paul G	Philadelphia
EGOVILLE, MD, Charles R	Philadelphia
EHLER, MD, Joan G	Allegheny
EHLY, MD, George W	Cumberland
EHRHART, MD, Kenneth W	York
EHRLER, MD, August H	Erie
EHRLICH, MD, Clifford L	Montgomery
EHRLICH, MD, Dion R	Montgomery
EHRLICH, MD, George E	Philadelphia
EHRLICH, MD, Leonard D	Montgomery
EICHER, MD, Wendell P	Bucks
EICHLER, MD, George R	Northampton
EICHLER, JOHN A	Allegheny
EICHMAN, MD, Mary R	Philadelphia
EICHMILLER, MD, John P	Allegheny
EICHNER, MD, Lambert G	Delaware
EILER, MD, William A	Allegheny
EINHORN, MD, Jerzy	Allegheny
EISEMAN JR, MD, Paul C	Westmoreland
EISEN, MD, Carole L	Delaware
EISEN, MD, Howard B	Allegheny
EISENBEIS JR, MD, Carl H	Allegheny
EISENBERG, MD, Floyd P	Montgomery
EISENBERG, MD, Richard B	Erie
EISENHOWER, MD, Charles E	York
EISENHOWER, MD, Edward A	Lancaster
EISENKEIT, MD, Aron	Allegheny
EISINGER, MD, Maj	Philadelphia
EISLER, MD, Robert L	Butler
EISMAN, MD, Sylvan H	Philadelphia
EISNER, MD, Abraham G	Lackawanna
EISNER, MD, Henry	Philadelphia

EISNER, MD, Joel W	Chester
EISNER, MD, Steven B	Lackawanna
EISTER, MD, Ronald N	Lycoming
EKBERG, MD, Norman L	Montour
EKSTRAND, MD, John P	Allegheny
EL-ATTRACHE, MD, Mamdouh F	Westmoreland
ELANCHENNY, MD, Indranee	Chester
ELATTAR, MD, Anas A	Allegheny
ELATTRACHE, MD, Selim	Westmoreland
ELCOCK, MD, Claudius A	Philadelphia
ELDAIEF, MD, Daisy S	Montgomery
ELDAIEF, MD, Samir F	Montgomery
ELDER, MD, E Glenn	Northampton
ELDER, MD, Jay E	Jefferson
ELEFANT, MD, Howard L	Philadelphia
ELES, DO, Gustav R	Allegheny
ELFMAN, MD, Louis K	Philadelphia
ELFVIN, MD, Myra J	Philadelphia
ELHILLAL, MD, Mohammad F	Westmoreland
ELIA, MD, Josephine	Philadelphia
ELIADES, MD, William	Philadelphia
ELIAS, MD, Farid J	Westmoreland
ELIAS, MD, Stanton B	Allegheny
ELICKER, MD, John E	Delaware
ELIGATOR, MD, Julian	Allegheny
ELISCO, DO, Anthony J	Lawrence
ELKIN, DO, Richard J	Lancaster
ELKOUSS, MD, Guillermo C	Philadelphia
ELKUS, MD, Robert M	Philadelphia
ELLEN, MD, Stephen J	Philadelphia
ELLENBERGER JR, MD, Carl	Lebanon
ELLENBERGER JR, MD, Thomas R	Cambria
ELLENZWEIG, MD, Morris S	Fayette
ELLER, MD, Andrew W	Allegheny
ELLIS, BRIAN D	Student
ELLIS, MD, David J	Delaware
ELLIS, MD, David M	Montgomery
ELLIS, MD, David W	Lebanon
ELLIS, MD, George L	Allegheny
ELLIS, MD, H Lenwood	Philadelphia
ELLIS, MD, Kris L	Allegheny
ELLIS, MD, Lawrence D	Allegheny
ELLIS, MD, Richard A	Philadelphia
ELLIS, MD, William	Philadelphia
ELLIS EDD EXEC DIR, U BERKLEY	Montgomery
ELLIS IV, MD, John H	Luzerne
ELLIS JR, MD, Leander T	Philadelphia
ELLISON, MD, Ervin	Lancaster
ELLISON, MD, James H	York
ELLISON, MD, Julius	Philadelphia
ELLISON, MD, Neil M	Montour
ELLISON JR, MD, Richard T	Montgomery
ELMALEH, MD, Miriam K	Philadelphia
ELMER, MD, Edward M	Allegheny
ELSTNER, MD, Howard L	Allegheny
ELVIR, MD, Ramon	Warren
ELZENEINY, MD, Ismail H	Northampton
EMANUEL, MD, Abraham	Beaver
EMANUEL, MD, E Stephen	Delaware
EMANUELSON, MD, Richard G	Lackawanna
EMERSON, MD, John A	Venango
EMERY, BRIAN E	Allegheny
EMERY, MD, Robert C	Northampton
EMES, MD, William R	Chester
EMKEY, MD, Kenneth D	Berks
EMKEY, MD, Ronald D	Berks
EMMERLING, MD, John F	Allegheny
EMMETT, MD, Gary A	Philadelphia
EMMOLO, MD, Alfonse A	Venango
EMPER, MD, William D	Montgomery
ENANY, MD, Albert K	Fayette
ENCKE, MD, Ted K	Allegheny
ENDERS, MD, John G	Franklin
ENDRES, MD, Jay E	Warren
ENDRES, MD, Warren H	Lehigh
ENEA, NED A	Student
ENERSON, MD, Daniel M	Allegheny
ENGEL, MD, Gilson C	Philadelphia
ENGEL, MD, Robert	Luzerne
ENGINEER, MD, Erach H	Philadelphia
ENGLAND, MD, Kenneth B	Blair
ENGLE, MD, Eugene K	Lancaster
ENGLE, MD, Harold H	Lebanon
ENGLE, MD, Joseph H	Franklin
ENGLISH, MD, Carroll A	Montgomery
ENGLISH, MD, Dennis H	Allegheny
ENGLISH, MD, James B	Blair
ENGLISH, MD, Joseph G	Lycoming
ENGLISH, MD, O Spurgeon	Philadelphia
ENGLISH, MD, Richard B	Luzerne
ENGLISH, MD, Robert S	Fayette
ENGLISH JR, MD, Walter E	Clinton
ENGSTROM, MD, Paul F	Philadelphia
ENNIS, MD, Michael F	Allegheny
ENRIQUEZ, MD, Danilo L	Allegheny
ENRIQUEZ, MD, Teresita E	Allegheny
ENTERLINE, MD, Horatio T	Philadelphia
ENTINE, MD, Joseph H	Philadelphia
ENTWISTLE, MD, Nelson L	Dauphin
ENZMAN, DO, Patricia M	Lehigh
EPERJESSY, MD, Ernest Z	Cambria
EPISCOPIO, MD, Joseph V	Northampton
EPPINGER, MD, Mary A	Allegheny
EPSTEIN, MD, Alan L	Philadelphia
EPSTEIN, MD, Herman	Philadelphia
EPSTEIN, MD, Isadore S	Philadelphia
EPSTEIN, MD, J David	Philadelphia
EPSTEIN, MD, Paul E	Philadelphia
ERB, MD, Kathleen M	Erie
ERB JR, MD, William H	Delaware
ERDMAN II, MD, William J	Philadelphia
EREMUS, MD, Joseph L	Philadelphia
ERHART, JOHN F	Student
ERICKSEN, MD, Arthur N	Berks
ERICKSON, MD, Elmer W	Allegheny
ERICKSON, MD, Eric R	Allegheny
ERICKSON, MD, Ray B	Clarion
ERICSSON, MD, Francis S	Warren
ERMOLD, MD, Donald R	Berks
ERNSTOFF, MD, Brian M	Philadelphia
ERRO, MD, Roger I	Bucks
ERSLEV, MD, Allan J	Philadelphia
ERSNER, MD, Arthur R	Montgomery
ERSNER, MD, Jack S	Philadelphia
ERSOZ, MD, Clara J	Allegheny
ERTEL, MD, D Gregory	Lycoming
ERVIN, MD, Carl E	Dauphin
ERVIN, MD, Lawrence M	Blair
ERWAY, MD, Preston M	Tioga
ERWIN, MD, Henry K	Northampton
ESBENSHADE II, MD, John H	Lancaster
ESCARO, MD, Danilo U	York
ESCARTE, MD, Deogracias E	Philadelphia
ESCOLL, MD, Philip J	Philadelphia
ESGUERRA JR, MD, Pablo R	Fayette
ESHBACH, MD, Ted B	Dauphin
ESHELMAN, MD, Joseph C	Fayette
ESHLEMAN, MD, D Rohrer	Lancaster
ESHLEMAN, DO, Jere R	Lycoming
ESHLEMAN, MD, John D	Lancaster
ESHLEMAN, MD, S Kendrick	Lancaster
ESKENAZI, MD, Marko M	Philadelphia
ESKENDRI, MD, Nasser	Beaver
ESKEY, CLIFFORD J	Allegheny
ESKIN, MD, Bernard A	Philadelphia
ESKIN, MD, David J	Montgomery
ESKRIDGE, MD, Timothy H	York
ESLER JR, MD, James W	Lehigh
ESPINOSA, MD, Manuel H	Northampton
ESPOSITO, MD, Frances S	Philadelphia
ESPOSITO, MD, John C	Delaware
ESPOSITO, MD, Joseph P	Dauphin
ESQUENAZI, MD, Alberto	Philadelphia
ESTLUND, MD, Gregory J	Philadelphia
ESTNER, MD, Michael J	Allegheny
ESTRADA, MD, Alberto G	Northampton
ESTRADA, MD, Fernando P	Northampton
ETNOYER, MD, John J	Lancaster
ETTENGER, MD, Molly M	Huntingdon
ETTENGER, MD, Morris S	Philadelphia
ETTER, MD, Russel H	York
ETTINGER, MD, Jeffrey B	Philadelphia
ETTINGER, DO, Susan D	Montgomery
ETTLINGER, MD, Robert A	Dauphin
ETZEL, KATHLEEN D	Allegheny
ETZI, SUSAN	Student
EULIANO JR, MD, John J	Erie
EULIANO SR, MD, John J	Erie
EVANGELISTA, MD, Cleofe P	Bucks
EVANGELISTA, MD, Jesus S	Washington
EVANGELISTA, MD, Simplicio E	Montgomery
EVANKO, MD, David A	Butler
EVANS, MD, Charles M	Lancaster
EVANS, MD, David B	Cumberland
EVANS, MD, Donald E	Allegheny
EVANS, MD, Harold H	Union
EVANS, MD, Hayden O	Montgomery
EVANS, MD, Hilary	Cambria
EVANS, MD, James F	Montour
EVANS, DO, John C	Centre
EVANS, MD, John J	Carbon
EVANS, MD, Jonathan L	Butler
EVANS, MD, Joseph B	Philadelphia
EVANS, MD, Leonard E	Allegheny
EVANS, MD, Richard S	Allegheny
EVANS, MD, Robert L	York
EVANS, MD, Terry L	Westmoreland
EVANS, MD, Thomas M	Allegheny
EVANS, MD, William G	Indiana
EVANS, MD, Winston C	Monroe
EVANS EXEC SEC, ROBERT W	Dauphin
EVANS II, MD, Lewis C	Bradford
EVARTS, MD, C Mccollister	Dauphin
EVEN, MD, Leroy M	Wayne/Pike
EVERETT, MD, Harold E	Lehigh
EVERETT, MD, William G	Allegheny
EVERHART, MD, Charles W	Mifflin/Juni
EVERHART, MD, Wilson C	Dauphin
EVES, MD, John H	Bucks
EVRON, MD, Wayne A	Allegheny
EWALD, MD, John L	Allegheny
EWING, MD, Agnew R	Chester
EWING, MD, Charles H	Montgomery
EWING, MD, Fred L	Crawford
EWING, MD, James H	Philadelphia
EWING, MD, Madeleine Q	Philadelphia
EYERLY, MD, Robert C	Montour
EYLER, MD, J Albert	Bedford
EYLER, MD, Paul W	Lancaster
EYMONTT, MD, Michael J	Philadelphia
EYSTER, MD, M Elaine	Dauphin
EYVAZZADEH, MD, Camille	Northampton

F

FABER, MD, Kalman	Philadelphia
FABI, MD, Mario N	Lackawanna
FABINYI, MD, Geza T	Blair
FABIUS, MD, Raymond J	Delaware
FABRY, MD, Edward I	Allegheny
FACKLER, MD, Emerson F	Dauphin
FAGELMAN, MD, Kerry M	Dauphin
FAGENHOLZ, MD, S Allen	Erie
FAGER, MD, Charles B	Dauphin
FAGER, MD, Joseph S	Dauphin
FAGERBURG, MD, Rodger E	Lackawanna
FAGIOLETTI, MD, Robert J	Washington
FAHL, MD, James C	Monroe
FAHMY, MD, Wasfy F	Chester
FAILLA, MD, Jack P	Allegheny
FAIRBROTHER, MD, Maureen E	Dauphin
FAIRBROTHER, MD, Paul F	Dauphin
FAIRFIELD, MD, James C	Montgomery
FAIRMAN, MD, Ronald M	Philadelphia
FAIRWEATHER, MD, Jack L	Union
FAJARDO, MD, Arturo A	Lycoming
FAKHRAEE, MD, Sayyed M	Philadelphia
FALASCA, DO, Thomas D	Erie
FALCHEK, MD, Joseph B	Mifflin/Juni
FALCO, MD, Frank G	Bucks
FALCO, FRANK J E	Student
FALCON JR, MD, Joseph R	Allegheny
FALCONE, CHARLES M	Student
FALCONE, MD, Domenico	Lehigh
FALES, MD, Catherine H	Philadelphia
FALGUERA, MD, Dominador Q	Delaware
FALIK, MD, Ruth	Allegheny
FALK, MD, Arthur E	Montgomery
FALK, MD, Edward C	Mercer
FALK JR, MD, Robert B	Lancaster
FALKENBERG, MD, K Jorg	Bradford
FALKENSTEIN II, MD, Richard C	Dauphin
FALKER, MD, John M	Montgomery
FALL, MD, Michael H	Blair
FALLAHNEJAD, MD, Manoucher	Philadelphia
FALLON III, MD, Edward C	Berks
FALOR, MD, Stanley E L	Greene
FALUDI, MD, Georgina	Philadelphia
FALVO, MD, Ernest A	Allegheny
FAMIGLIO, MD, Gregory	Montgomery
FAMORCA, MD, Florentino P	Lycoming
FAN, MD, Young C	Venango
FANELLE, JOSEPH W	Student
FANG, MD, Peter J W	Franklin
FARACE, MD, Joseph L	Northampton
FARAGALLA, MD, Ramses I	Franklin
FARALLI, MD, Victor J	Lebanon
FARB, MD, Stanley N	Montgomery
FARBER, MD, Barry M	Philadelphia
FARBER, MD, David N	Berks
FARBER, MD, Emanuel P	Philadelphia
FARBER, MD, Eric B	Berks
FARBER, MD, Harold F	Philadelphia
FARBER, MD, Harold I	Berks
FARBER, MD, John L	Philadelphia
FARBER, MD, Martin	Philadelphia
FARIA, DO, Russell W	Schuylkill
FARIES JR, MD, George B	Dauphin
FARKAS, MD, Andrew A	Jefferson
FARKAS, MD, Barry L	Allegheny
FARKAS, MD, Robert W	York
FARMATI, MD, Oscar	Crawford
FARMER, MD, Harold E	Montgomery
FARMER, MD, John L	Lancaster
FARMER, MD, Lenore	Allegheny
FARNER, LOUISE A	Student
FARNEY, MD, Esther S	Allegheny
FARNON, MD, Christa U	Philadelphia
FARO, ALBERT	Allegheny
FARR, MD, James	Carbon
FARRAR JR, MD, George E	Philadelphia
FARRELL, MD, Deborah L M	Dauphin
FARRELL, MD, Dorothy A	Luzerne
FARRELL, MD, Edward L	Allegheny
FARRELL, MD, Peter E	Lehigh
FARRELL, MD, Robert E	Lackawanna
FARRELL, MD, Thomas A	Philadelphia
FARRELL, MD, Timothy P	Dauphin
FARRELL, MD, William J	Lackawanna
FASANO, DO, Charles P	Union
FASCIANA, MD, Guy M	Luzerne
FASSL, MD, Joseph J	Lehigh
FAST, MD, Willis B	Bucks
FATIGATI, MD, Mario J	Allegheny
FATO, MICHELINA	Allegheny
FATULA, MD, George M	Jefferson
FATUR, MD, Leo M	Allegheny
FAUNCE III, MD, James G	Bucks
FAUST, MD, Donald S	Berks
FAUST, MD, Elizabeth B	Delaware
FAUST, MD, Herbert A	Chester
FAVA, MD, George E	Lebanon
FAVAZZA, MD, Frank W	Northampton
FAVINI, MD, Josephine L	Lackawanna
FAVINI, MD, M Peter	Lackawanna
FAVINO, MD, C James	Montour
FAWCETT, MD, James L	Allegheny
FAYE, MD, Robyn B	Philadelphia
FAYNBERG, MD, Mark G	Philadelphia
FEAR, MD, Jesse G	Columbia
FEASTER, MD, Marshall M	Berks
FECZKO, MD, William A	Allegheny
FEDELE, MD, Charles R	Bradford
FEDERICI, MD, Valerio J	Philadelphia
FEDERMAN, MD, Jay L	Delaware
FEDOR, MD, Maria T	Montgomery
FEE JR, MD, William H	Venango
FEEHAN, MD, Patrick R	Lancaster
FEEMAN, MD, Theresa J	Erie
FEERICK, MD, John P	Luzerne
FEES JR, MD, Arch W	Blair
FEHNEL, MD, Stephen H	Berks
FEICHT, DO, Charles M	Beaver
FEICK, MD, Ralph H	Berks
FEIG, MD, Stephen A	Philadelphia
FEIGEN, MD, Michael	Clearfield
FEIGLEY, MD, Donald M	Bucks
FEIN, DO, Howard K	Montgomery
FEINBERG, MD, David H	Northampton
FEINBERG, MD, Kalmen A	Schuylkill
FEINBERG, MD, Michael J	Philadelphia
FEINGOLD, MD, Joseph L	Delaware
FEINSMITH, MD, Norman	Philadelphia
FEINSTEIN, MD, Michael A	Montgomery
FEINSTEIN, MD, Peter A	Luzerne
FEINSTEIN, MD, Theodore A	Philadelphia
FEIST, MD, John H	Allegheny
FELDAN, MD, Paul E	Philadelphia
FELDER, MD, Herman	Allegheny
FELDMAN, MD, Arthur M	Philadelphia
FELDMAN, MD, Debra S	Philadelphia
FELDMAN, MD, Ella S	Philadelphia
FELDMAN, MD, Julian D	Philadelphia
FELDMAN, MD, Larry B	Lehigh
FELDMAN, MD, Marc D	Philadelphia
FELDMAN, MD, Stewart L	Allegheny
FELDMEIER, MD, Curtis J	Beaver
FELDSTEIN, MD, Brad	Bucks
FELDWAN, MD, Sherrie B	Dauphin
FELICE, MD, Civie D	Allegheny
FELIX, MD, Dionisio	Philadelphia
FELLERMAN, MD, Herbert	Luzerne
FELLIN, MD, Chris W	Schuylkill
FELLIN, MD, Frederick M	Philadelphia
FELLIN, MD, Rudolph S	Luzerne
FELTWELL JR, MD, Peter M	Allegheny
FELZER, MD, Stuart S	Philadelphia
FENCEL, MD, Richard M	Dauphin
FENLIN JR, MD, John M	Philadelphia
FENN, MD, Patricia A	Montgomery
FENNER, MD, Henry E	Lycoming
FENSTER, MD, Martin M	Philadelphia
FEO, MD, Louis G	Philadelphia
FERER, MD, Walter C	Crawford
FERGUSON, MD, Donald G	Allegheny
FERGUSON, MD, Gary M	Allegheny
FERGUSON, MD, Robert H	Lancaster
FERGUSON, MD, Roger J	Allegheny
FERGUSON, MD, Thomas G	Allegheny
FERGUSON JR, MD, Albert B	Allegheny
FERGUSON JR, MD, Guerrant H	Philadelphia
FERGUSON JR, MD, Theodore J	Allegheny
FERLAN, MD, Lawrence	Allegheny
FERNANDES, MD, Margaret C	Philadelphia
FERNANDEZ, MD, Eduardo I	Lycoming
FERNANDEZ, MD, Oscar V	Erie
FERNANDO, MD, Michael F	Blair
FERNANDO, MD, Neville A	Erie
FERRARA, MD, Vincent L	Philadelphia
FERRARO, MD, Michael M	Luzerne
FERRARO, MD, Patrick J	Lackawanna
FERRARO, MD, Robert J	Erie
FERREIRA, MD, Arturo J	Philadelphia
FERRENTINO, MD, Frank L	York
FERRERO, MD, Bruce R	Allegheny
FERRI, MD, Henry G	Allegheny
FERRIER, MD, Melvin C	Centre
FERRIGNO JR, MD, Carmen J	Columbia
FERRIS, MD, Joseph M	Erie
FERRONI, MD, Joseph S	Delaware
FERRUCCI JR, MD, William S	Jefferson
FERRY, MD, Gerald W	Berks
FERRY, MD, Nicholas J	Bucks
FERSON, MD, Peter F	Allegheny
FESCINA, MD, Joseph V	Luzerne
FESNIAK, MD, Henry F	Northmbrland
FETCHKO, MD, Alexander M	Allegheny
FETTER, MD, Ferdinand	Philadelphia
FETTERMAN, MD, George H	Allegheny
FETTERMAN, MD, Henry H	Lehigh
FETTEROLF, MD, Donald E	Allegheny
FETTEROLF, MD, Michael L	Venango
FETZER, MD, Arthur E	Lehigh
FETZER, DO, Frederick P	Bradford
FEUDALE, MD, Richard F	Schuylkill
FEUSSNER, MD, James W	Philadelphia
FICKE, MD, J Ronald	Philadelphia
FIDELER, MD, Richard	Dauphin
FIDEN JR, MD, William J	Beaver
FIEDLER, MD, James J	Philadelphia
FIEDLER, MD, Roy W	Allegheny
FIEHLER, MD, Paul C	Allegheny
FIELD, MD, Howard L	Philadelphia
FIELD, MD, John M	Dauphin
FIELD-MUNVES, MD, Ellen M	Lehigh
FIELDING, JULIA R	Allegheny
FIERER, MD, Robert R	Dauphin
FIESCHKO, MD, Julie T	Lebanon
FIGLIN, DO, Joshua M	Centre
FIGUEROA, MD, William G	Philadelphia
FIGURA, MD, Judith H	Allegheny
FIKRI, MD, Erden	Cambria
FILE, MD, James C	Mercer

FILIP, MD, John R	Montgomery
FILIPEK, MD, Steele W	Allegheny
FILIPEK, MD, Walter J	Northampton
FILIPPONE, MD, Edward J	Philadelphia
FILKINS, MD, Karen	Allegheny
FILLMAN, MD, John B	Huntingdon
FILMYER JR, MD, Edward A	Philadelphia
FILOSA, MD, Robert J	Montgomery
FILUTOWSKI, MD, Konrad W	Delaware
FINCH, MD, Frank G	Lehigh
FINDER, MD, Marc J	Cambria
FINE, MD, Alan	Allegheny
FINE, CARYN	Allegheny
FINE, MD, Daniel	Allegheny
FINE, MD, Edward M	Crawford
FINE, MD, Eric W	Philadelphia
FINE, MD, Robert	Montgomery
FINEBERG, MD, Charles	Philadelphia
FINEGOLD, MD, Aaron N	Allegheny
FINEGOLD, MD, Joseph	Allegheny
FINEGOLD, MD, Richard A	Allegheny
FINEGOLD, MD, Wilfred J	Allegheny
FINEMAN, MD, William	Philadelphia
FINESTONE, MD, Albert J	Philadelphia
FINESTONE, MD, Israel	Philadelphia
FINESTONE, MD, Stephen C	Allegheny
FINGERET, MD, Arnold E	Allegheny
FINGERUT, MD, Jerald C	Montgomery
FINGO, MD, Albert J	Montgomery
FINK, MD, Gordon B	Philadelphia
FINK, MD, Jack W	Montgomery
FINK, MD, Paul J	Philadelphia
FINK, MD, William L	Allegheny
FINK JR, MD, Albert H	Delaware
FINK JR, MD, Howard E	Dauphin
FINKELHOR, MD, Howard B	Allegheny
FINKELSTEIN, MD, Amy H	Philadelphia
FINKELSTEIN, MD, David	Philadelphia
FINKELSTEIN, MD, Gary S	Bucks
FINKELSTEIN, MD, Sydney D	Philadelphia
FINLEY, MD, John G	Bucks
FINLEY III, MD, Robert K	Beaver
FINN, MD, David R	Lycoming
FINN, MD, Joanne	Erie
FINN, MD, Joseph L	Philadelphia
FINN, MD, Martha J B	Lycoming
FINNEGAN, MD, Walter J	Lehigh
FINO, MD, Gregory	Luzerne
FINO, MD, Gregory J	Allegheny
FINO, MD, Julius A	Warren
FIOL-SILVA, MD, Zoraida M	Philadelphia
FIRPO JR, MD, John J	Delaware
FIRST, MD, Arthur	Philadelphia
FIRST, MD, Howard E	Philadelphia
FIRST, MD, Stewart E	Philadelphia
FIRTH, MD, George E	Philadelphia
FISCH, MD, John M	Allegheny
FISCHBACH, MD, Max W	Philadelphia
FISCHER, MD, Carl C	Philadelphia
FISCHER, MD, David H	Philadelphia
FISCHER, MD, Edward C	Berks
FISCHER, MD, H Keith	Philadelphia
FISCHER, MD, Rolf H	Schuylkill
FISCHER, MD, Sharon P	Philadelphia
FISCHER, MD, Steven W	Delaware
FISCHER JR, MD, Carl R	Philadelphia
FISCHETTI, MD, John L	Chester
FISCHL, MD, Edwin C	Allegheny
FISHBEIN-SCHILLER, DEBBIE E	Student
FISHER, MD, Alvin H	Montgomery
FISHER, MD, Curtis K	Allegheny
FISHER, MD, Don L	Allegheny
FISHER, MD, Gail	Allegheny
FISHER, DO, Gary A	Philadelphia
FISHER, MD, Harold	York
FISHER, MD, Joanna M	Philadelphia
FISHER, MD, Joel B	Philadelphia
FISHER, MD, John T	Centre
FISHER, MD, Joseph S	Philadelphia
FISHER, MD, Lawrence C	York
FISHER, MD, Luther I	Northampton
FISHER, MD, Mary S	Philadelphia
FISHER, MD, Norman J	Montgomery
FISHER, MD, Philip C	Bradford
FISHER, MD, Robert C	Philadelphia
FISHER, MD, Robert M	Montgomery
FISHER, MD, Roscoe L	York
FISHER, MD, Seth M	Philadelphia
FISHER, MD, Seth W	Bradford
FISHER, MD, Stephen N	Allegheny
FISHER, DO, Steven J	Delaware
FISHER, MD, Todd R	Dauphin
FISHER, DO, William	Philadelphia
FISHER III, MD, George R	Philadelphia
FISHER JR, J RUSH S	Student
FISHER JR, MD, Joseph W	Northampton
FISHKIN, MD, Hymel	Allegheny
FISHMAN, CRAIG L	Allegheny
FISHMAN, DO, Morris A	Philadelphia
FISHMAN, DO, Robert F	Philadelphia
FISHMAN, MD, Steven J	Philadelphia
FISK, MD, David E	Montour
FISSEL, MD, George E	Lycoming
FISTER, MD, Frederick D	Lehigh
FITTING JR, MD, George M	Allegheny
FITZ, MD, Ralph W	Allegheny
FITZGERALD, MD, James L	Lehigh
FITZGERALD, MD, Richard P	Dauphin
FITZGERALD III, DO, John J	Philadelphia
FITZMAURICE, MD, John W	Delaware
FITZPATRICK, DO, James W	Schuylkill
FITZPATRICK, MD, Marcia A	Delaware
FITZPATRICK, MD, Ruthann P	Delaware
FITZSIMONS, MD, Thomas R	Lehigh
FLACCO, MD, Albert J	Bucks
FLAHERTY, MD, Morgan F	Allegheny
FLAMBERG, MD, Ira W	Mercer
FLAMINI, MD, John A	Erie
FLANAGAN, MD, H Franklin	Philadelphia
FLANAGAN, MD, James W	Bucks
FLANAGAN, MD, Joseph C	Delaware
FLANAGAN, MD, Margaret M	Franklin
FLANAGAN, MD, Michael D	Philadelphia
FLANDERS, MD, Elwood P	York
FLANIGAN, MD, Robert E	Allegheny
FLANIGAN JR, MD, John L	Carbon
FLANNAGAN, MD, Samuel W	Westmoreland
FLANNERY, MD, Wilbur E	Lawrence
FLEAGLE, MD, Genevra S	Centre
FLEAGLE, MD, Samuel B	Centre
FLEEGLER, MD, Francene M	Philadelphia
FLEEGLER, MD, Saul M	Westmoreland
FLEISCHER, MD, Alan N	Berks
FLEISCHER, MD, Leslie R	Lancaster
FLEISCHER, MD, Scott A	Philadelphia
FLEISCHMAN, MD, Carol R	Philadelphia
FLEISHER, DO, Richard D	Philadelphia
FLEISHMAN, MD, Martin J	Mifflin/Juni
FLEMING, MD, Arthur W	Allegheny
FLEMING, MD, Burton A	Philadelphia
FLEMING, MD, George E	Blair
FLEMING, MD, Kenneth D	Philadelphia
FLEMING, MD, Peter A	Allegheny
FLEMING, MD, Richard M	Allegheny
FLETCHER, MD, Louis	Philadelphia
FLETCHER, MD, Thomas F	Dauphin
FLETMAN, DO, Herbert	Philadelphia
FLICK, MD, Kathryn L	Erie
FLICKINGER, MD, Frederick W	York
FLICKINGER, MD, John C	Allegheny
FLINKMAN, MD, Leonard	Philadelphia
FLINN, SCOTT D	Allegheny
FLIPSE, MD, W Scott	Lycoming
FLIT, MD, Frank J	Allegheny
FLOM, MD, David M	Allegheny
FLOOD, MD, James M	Bradford
FLOOD, MD, Jill T	York
FLORA, MD, William K	Cambria
FLOREK, MD, Florian F	Erie
FLORENTIN, MD, Heriberto M	Westmoreland
FLORES, MD, Alberto C	Lancaster
FLORES, MD, Carlos I	Lawrence
FLORES, MD, Concepto M	Beaver
FLORES, MD, Evelyn R	Berks
FLORES, MD, Maria L	Delaware
FLORES, MD, May R	Beaver
FLORES JR, MD, Emilio G	Elk/Cameron
FLORES JR, JAMES H	Student
FLORIAN, MD, Frederick M	Allegheny
FLOWERS, MD, Peter B	Lebanon
FLOYD, MD, Susan L	Allegheny
FLURKEY, MD, Emerson C	Dauphin
FLYNN, MD, J Dennis	Blair
FLYNN, MD, Janeane M	Fayette
FLYNN, JOHN M	Allegheny
FLYNN, MD, Richard J	Bradford
FLYNN JR, DO, Joseph D	Bucks
FOBIA, MD, John B	Philadelphia
FOCHLER, MD, Francis J	Blair
FODERARO, MD, John C	Philadelphia
FOGEL, MD, Stewart R	Allegheny
FOGLEY, MD, Anees R	Lackawanna
FOKSTUEN, MD, Terje S	Mckean
FOLDES, MD, Julius	Luzerne
FOLDES, MD, Steven I	Montour
FOLDES, MD, Veronika M	Montour
FOLDES-ROTH, MD, Elisabeth	Berks
FOLEY, TRACY M	Allegheny
FOLEY JR, MD, Edward L	Washington
FOLEY JR, MD, Francis L	Berks
FOLLMER, MD, Don C	Northampton
FOLTZ EXEC SEC, MS SUSAN	Lebanon
FONG, MD, Jake	Westmoreland
FONG, MD, John K	Allegheny
FONG, JONATHAN C	Student
FONOROFF, MD, David L	Allegheny
FONTANA, MD, Armand L	Allegheny
FONTANA, MD, Frank L	Allegheny
FONTANILLA, MD, Nenita	Philadelphia
FONTANILLA, MD, Rodolfo C	Philadelphia
FONTE, MD, Richard J	Dauphin
FOOTE, MD, Joseph W	Philadelphia
FOOTERMAN, MD, Harold	Allegheny
FORBES, MICHAEL L	Allegheny
FORBES, MD, Thomas W	Allegheny
FORBES, YOLANDA M	Allegheny
FORCE, MD, Thomas B	Philadelphia
FORCEY, MD, Clarke M	Centre
FORCEY, MD, Lloyd R	Lycoming
FORD, MD, Francis W	Bucks
FORD, MD, Robert W	Allegheny
FORD, MD, William B	Allegheny
FORD, MD, William T	Lycoming
FOREMAN, MD, Bruce P	Erie
FOREMAN, MD, Joseph	Philadelphia
FOREST, MD, Jean L	Philadelphia
FOREST, MD, Pamela J	York
FORKER, MD, Thomas	Lebanon
FORKER, MD, Thomas S	Lycoming
FORMAN, MD, Harvey R	Philadelphia
FORMAN, MD, Irwin H	Lancaster
FORMAN, JEFFREY D	Student
FORMAN, MD, Joseph E	Philadelphia
FORMAN, MD, Kenneth J	Philadelphia
FORMAN, MD, Samuel	Philadelphia
FORMAN, MD, Simon B	Philadelphia
FORNASIER, MD, Louis S	Delaware
FORNWALT, MD, George R	Delaware
FORNWALT, MD, Helen L	Philadelphia
FORREY EXEC SEC, CANDY	Monroe
FORSE JR, MD, David P	Blair
FORSTATE, MD, William J	Allegheny
FORSTATER, MD, Alan T	Philadelphia
FORSTER, DO, Carl J	Schuylkill
FORSYTH, MD, Kyle L	Bucks
FORSYTHE, MD, Patrick D	Dauphin
FORTI, MD, William P	Dauphin
FORTUNATO, MD, James J	Allegheny
FOSS, MD, David E	Allegheny
FOSTER, MD, Frederick G	Butler
FOSTER, MD, Howard K	Allegheny
FOSTER, MD, Ian S	Monroe
FOSTER, MD, John S	Chester
FOSTER, MD, Mark R	Crawford
FOSTER, MD, Sylvia L	Montgomery
FOSTER, MD, Walter D	Westmoreland
FOSTER, MD, Walter R	Allegheny
FOSTER JR, MD, John V	Dauphin
FOULK JR, MD, Morris	Delaware
FOULSHAM II, MD, Charles K	Clinton
FOURNIER, MD, Raymond	Erie
FOUST, MD, Tilman H	Dauphin
FOUST, MD, Wilson A	Lancaster
FOUTRAKIS, GEORGE N	Allegheny
FOWBLE, MD, Barbara D	Philadelphia
FOWLER, MD, David P	Allegheny
FOWLER, ERIC K	Student
FOWLER, ERIC K	Student
FOX, MD, Charles F	Armstrong
FOX, MD, Craig D	Washington
FOX, MD, Donald	Philadelphia
FOX, MD, Donald C	Butler
FOX, MD, Karl R	Allegheny
FOX, MD, Michael J	Philadelphia
FOX, MD, Michael L	Delaware
FOX, MD, Robert D	Philadelphia
FOX, MD, Roger E	Delaware
FOX, MD, Stephen C	Chester
FOX, MD, Stewart	Lehigh
FOX, MD, William F	Lehigh
FOX IV, MD, James W	Philadelphia
FOXHALL, MD, Edward N	Delaware
FOXX, MD, William F	Chester
FRABLE, MD, Dean G	Schuylkill
FRAGOLA, MD, Jorge A	Allegheny
FRAKES, MD, Shirley I	Philadelphia
FRALEY, MD, Henry W	Armstrong
FRAME, MD, David C	Washington
FRANCE, MD, Laurence W	Lancaster
FRANCESCANGELI JR, MD, Vincent	Monroe
FRANCIS, MD, George J	Allegheny
FRANCIS, MD, Leon R	Luzerne
FRANCIS, MD, Paul D	Montour
FRANCO, MD, Alexander	Centre
FRANCO, MD, Frank A	Berks
FRANCOIS, MD, Max B	Berks
FRANGIPANE, MD, Leo G	Berks
FRANGIPANE, MD, William L	Montgomery
FRANGOS, MD, James N	Lackawanna
FRANK, MD, Barbara B	Delaware
FRANK, MD, Herbert L	Dauphin
FRANK, MD, Jeffrey B	Berks
FRANK, MD, Leonard A	Montgomery
FRANK, MD, Martin N	Montgomery
FRANK, MD, Paul E	Montgomery
FRANK, MD, Reuben	Montgomery
FRANK, MD, Robert L	Montgomery
FRANK, DO, Ronald B	Montgomery
FRANK, MD, William O	Philadelphia
FRANKE, MD, Frederick R	Allegheny
FRANKEL, MD, Arthur M	Montgomery
FRANKEL, MD, Carl A	Dauphin
FRANKEL, MD, Harry A	Philadelphia
FRANKEL, MD, Leon A	Philadelphia
FRANKEL, MD, Leslie B	Montgomery
FRANKEL, MD, Matthew C	Philadelphia
FRANKEL, MD, Sharon R	Dauphin
FRANKEL, MD, Victor R	Philadelphia
FRANKENFIELD, MD, Bruce A	Lehigh
FRANKENSTEIN, MD, Herbert	Allegheny
FRANKL, MD, William S	Philadelphia
FRANKLIN, MD, Bethala B	Philadelphia
FRANKLIN, MD, Donald S	Fayette
FRANKLIN, MD, Gregory A	Jefferson
FRANKLIN, MD, Irvin D	Bucks
FRANKLIN, MD, John W B	Allegheny
FRANKOVITCH, MD, Karl F	Erie
FRANTZ, MD, Alfred S	Franklin
FRANTZ, MD, Robert C	Berks
FRANTZ, MD, Robert R	Carbon
FRANZ, MD, John P	Allegheny
FRANZINO, MD, Robert R	Allegheny
FRASER, DOUGLAS H	Student
FRATTALI, MD, August	Lackawanna
FRAUENHOFFER, MD, Christopher M	Philadelphia
FRAUENHOFFER, MD, Elizabeth E	Dauphin
FRAUNFELDER, MD, John A	Northampton
FRAYER, MD, William C	Philadelphia
FRAZIER, MD, Joel L	Philadelphia
FRAZIER, MD, Thomas G	Montgomery
FRAZIER II, MD, John E	Allegheny
FREAS, MD, David G	York
FREDERIC, MD, Myron W	Philadelphia
FREDERICK, MD, David W	Lancaster
FREDERICK, MD, Paul L	Armstrong
FREDERICKS, MD, Lillian E	Philadelphia
FREDERICKSON, MD, Howard N	York
FREDRICKSON, MD, Victor J	Bucks
FREEBERG, MD, John R	Montgomery
FREEDBERG, MD, Lawrence E	Westmoreland
FREEDMAN, MD, Abraham G	Philadelphia
FREEDMAN, MD, Allan P	Philadelphia
FREEDMAN, MD, Amy L	Philadelphia
FREEDMAN, MD, Donald B	Dauphin
FREEDMAN, MD, E Fannie	Philadelphia
FREEDMAN, MD, Jacob J	Philadelphia
FREEDMAN, MD, Lawrence T	Montgomery
FREEDMAN, MD, Louis J	Luzerne
FREEDMAN, DO, Susan R	Centre
FREEHAFER, MD, John F	Chester
FREELAND, MD, George R	Delaware
FREEMAN, MD, Albert W	Franklin
FREEMAN, MD, Joseph T	Philadelphia
FREEMAN, MD, Leo C	Chester
FREEMAN, MD, Richard E	Potter
FREEMAN, MD, William A	Franklin
FREENOCK JR, MD, Thomas F	Delaware
FREER, MD, Carol V	York
FREIFELD, MD, Martin L	Luzerne
FREILICH, MD, Howard S	Philadelphia
FREIMAN, MD, David B	Philadelphia
FREIMANIS, MD, Maija G	Allegheny
FREIMUTH, MD, Erich J	Montgomery
FREISTAT, MD, Eric T	Dauphin
FREITAG, MD, Jeffrey J	Chester
FREIWALD, MD, Milton J	Philadelphia
FREMER, MD, Abraham	Philadelphia
FRENCH, MD, Elizabeth G	Chester
FRENCH, MD, Gordon N	Chester
FRENCH, MD, Travis A	Lawrence
FRESHMAN, MD, John R	Dauphin
FREY, MD, Jeffrey A	York
FREYHOF, MD, Jack N	Philadelphia
FREYMAN, MD, Leon	Montgomery
FREYNIK, MD, Joseph G	Lycoming
FRIBERG, MD, Thomas R	Allegheny
FRICCHIONE, MD, Patrick J	Philadelphia
FRIDAY, MD, Daniel M	Blair
FRIDAY, MD, Gilbert A	Allegheny
FRIDAY, MD, John R	Allegheny
FRIDAY, MD, Rupert H	Allegheny
FRIED, MD, Jeffrey A	Indiana
FRIED, MD, Martin B	Luzerne
FRIEDBERG, MD, Jay G	Bucks
FRIEDBERG, MD, Milton J	Lehigh
FRIEDENBERG, MD, Steven S	Northampton
FRIEDENBERG, MD, Zachary B	Philadelphia
FRIEDLAND, MD, Richard J	Philadelphia
FRIEDLANDER, MD, Milton A	Dauphin
FRIEDLANDER, MD, Myron	Allegheny
FRIEDMAN, MD, Abraham W	Allegheny
FRIEDMAN, MD, Adele K	Philadelphia
FRIEDMAN, MD, Alan L	Philadelphia
FRIEDMAN, MD, Bart J	Westmoreland
FRIEDMAN, MD, Ben-Zion	Delaware
FRIEDMAN, MD, Carl J	Chester
FRIEDMAN, DO, David S	Montgomery
FRIEDMAN, MD, Donald	Delaware
FRIEDMAN, MD, Ellis F	Berks
FRIEDMAN, MD, Gerald M	Columbia
FRIEDMAN, MD, Henry B	Luzerne
FRIEDMAN, MD, Irwin	Bucks
FRIEDMAN, MD, Jeffrey	Philadelphia
FRIEDMAN, MD, Jerald N	Northampton
FRIEDMAN, MD, Jon R	Montgomery
FRIEDMAN, MD, Louis L	Allegheny
FRIEDMAN, MD, Mark C	Dauphin
FRIEDMAN, DO, Martin L	Philadelphia
FRIEDMAN, MD, Milton L	Philadelphia
FRIEDMAN, MD, Monte R	Philadelphia
FRIEDMAN, MD, Oren L	Philadelphia
FRIEDMAN, MD, Paul A	Montgomery
FRIEDMAN, MD, Paul S	Philadelphia
FRIEDMAN, MD, Phillip	Bucks
FRIEDMAN, MD, Robert B	Allegheny
FRIEDMAN, ROBERT J	Allegheny
FRIEDMAN, MD, Ronald H	Philadelphia
FRIEDMAN, MD, Sidney	Philadelphia
FRIEDMAN, MD, Sumner H	Dauphin
FRIEDMANN, DO, Brad S	Philadelphia
FRIEDMANN, DO, Daniel V	Philadelphia
FRIEDRICH, MD, Joachim H	York
FRIEDRICH, MD, Tomas	York
FRIEDSAM, MD, Patricia L	Philadelphia
FRIEHLING, MD, Linda A	Montgomery
FRIEMAN, MD, Barbara G	Philadelphia
FRIES, MD, Gene T	Lycoming
FRINK, RICHARD O	Allegheny
FRISCH, MD, Mark B	Philadelphia
FRISHMUTH, MD, Gertrude J	Philadelphia
FRITCHEY JR, MD, John A	Dauphin
FRITCHLEY, MD, Rodney B	Cumberland
FRITZ, MD, Louisa J	Wyoming
FRITZ, MD, William D	Venango
FRITZ JR, MD, Karl J	Warren

FROBESE, MD, Alfred S	Philadelphia
FROEHLICH, MD, Arthur D	Dauphin
FROMAN, MD, Stephen M	Beaver
FROMKIN, MD, Janet B	Allegheny
FROMME, MD, Kenneth L	Dauphin
FRONC JR, MD, Henry C	Philadelphia
FRONCZEK, MD, William M	Allegheny
FRONCZEK JR, MD, William M	Washington
FRONDUTI, MD, Lucian J	Westmoreland
FRONDUTI, MD, Robert L	Allegheny
FROOZAN, MD, Homayoon	Lackawanna
FROST, MD, Albert G	Montgomery
FROST, MD, Stephen S	Philadelphia
FRUMIN, MD, Abraham M	Philadelphia
FRUMIN-EISENBERG, MD, Vera	Philadelphia
FRY, MD, Chloe O	Dauphin
FRY, MD, Robert L	Franklin
FRYCZYNSKI, MD, Thaddeus P	Erie
FRYE, MD, John W	Luzerne
FRYE, DO, Joyce C	Philadelphia
FRYE, MD, Veryl F	Clinton
FU, MD, Freddie H	Allegheny
FUCHS, MD, David E	Lancaster
FUERST, MD, Nicholas E	Washington
FUGARO, DO, Anthony J	Montgomery
FUGATE, MD, James K	Jefferson
FUGATE, DO, Jeffrey S	Dauphin
FUGATE JR, MD, Howard	Jefferson
FUGAZZOTTO, MD, Pasquale J	Lehigh
FUHRMAN, MD, Carl R	Allegheny
FUJIMAGARI, MD, Tak	Lawrence
FUKUI, MD, Paul T	Chester
FULCHIERO, MD, Gregory J	Blair
FULCINITI, MD, Rocco A	Allegheny
FULD, MD, Robert A	Lebanon
FULLER, MD, Garry L	Allegheny
FULLER, MD, Virginia S	Allegheny
FULTON, MD, Harry C	Lancaster
FULTON, MD, William O	York
FUNARO, MD, Anthony H	Montgomery
FUNCH, MD, Ross S	Philadelphia
FUNK JR, MD, Elmer H	Philadelphia
FUNK JR, MD, F Coleman	Lycoming
FUNKE, MD, Alvin H	Columbia
FUNKHOUSER, MD, George R	Montour
FUNKHOUSER, MD, Jay L	Beaver
FUNT, MD, Loren	Allegheny
FUOCO, MD, John J	Mifflin/Juni
FUOSS, MARK J	Allegheny
FUREY, DO, Kevin P	Philadelphia
FUREY, MD, Sandy A	Lackawanna
FUREY JR, MD, Charles A	Philadelphia
FURGIUELE, MD, Francis P	Philadelphia
FURGIUELE-IRACKI, MD, Natalie	Allegheny
FURIA, MD, Frederick A	Delaware
FURIA, MD, Robert	Delaware
FURIGAY, MD, R L	Cambria
FURLONG, CHRISTOPHER B	Student
FURMAN, MD, Donald J	Warren
FURMAN, MD, Frank H	Chester
FURMAN, MD, Harold B	Montgomery
FURMAN, MD, Joseph M R	Allegheny
FURNARY, MD, James S	Cambria
FURNER, DO, Carl L	Luzerne
FURR, MD, Charles M	Erie
FURREY, MD, John A	Dauphin
FURST, MD, Laura F	Philadelphia
FURUKAWA, MD, Edward F	Philadelphia
FUSCO, MD, Robert D	Allegheny
FUSCO-RIPKA, MD, Giovanna D	Berks
FUSIA, MD, Joseph F	Allegheny
FUSIA JR, MD, Donald A	Westmoreland
FUST, MD, John A	Erie
FUTCHER, MD, Palmer H	Philadelphia
FUTRELL, MD, J William	Allegheny

G

GAARY, MD, Alvin E	Delaware
GABALA, MD, John M	Northmbrland
GABOS, MD, Charles W	Allegheny
GABOS, MD, Dennis K	Allegheny
GABOS, MD, Paul F	Allegheny
GABRESKI, MD, Robert G	Warren
GABRIEL, MD, Daniel E	Washington
GABRIEL, MD, Larry C	Lawrence
GABRIEL, MD, Louis T	Schuylkill
GABRIEL, MD, Peter	Fayette
GABRIEL, MD, Steven A	Lawrence
GABRIEL, MD, Veronica	Montgomery
GABRIELE, MD, August A	York
GABUZDA, MD, Thomas G	Philadelphia
GADANI, MD, Pravin R	Perry
GADBOIS, MD, William F	Northampton
GADIPARTHI, MD, Atchaiah	Somerset
GADON, MD, Richard K	Philadelphia
GAEMAN, TAMMI D	Student
GAFFNEY, MD, Edmund J	Montgomery
GAFFNEY, MD, John J	Lackawanna
GAFFNEY, MD, Paul C	Allegheny
GAFFORD, MD, Grady D	Tioga
GAGIANAS, PETER J	Allegheny
GAGLIARDI, MD, Lisa G	Berks
GAIA, MD, Juan D	Luzerne
GAIDYS, MD, William G	Bradford
GAIN, MD, Thomas B	Philadelphia
GAINEY, MD, Margaret A	Philadelphia
GAISFORD, MD, John C	Allegheny
GAITHER, MD, Herbert	Dauphin
GAJULA, MD, L Narayan	Carbon
GALANIS, MD, Sotire E	Lancaster
GALANTE, MD, Lisa	Philadelphia
GALATI, MD, Victor G	Delaware
GALGON, MD, John P	Lehigh
GALIA, MD, Joseph H	Delaware
GALIB, MD, Samuel H	Chester
GALINDO-RODRIGUEZ, MD, Ana I	Montgomery
GALL, MD, Joseph A	Westmoreland
GALLAGER, MD, James G	Montour
GALLAGHER, MD, Donald I	Delaware
GALLAGHER, MD, Doris B	Montgomery
GALLAGHER, MD, Henry G	Luzerne
GALLAGHER, MD, John E	Armstrong
GALLAGHER, DO, Mark A	Dauphin
GALLAGHER, MD, Michael J	Lackawanna
GALLAGHER, MD, Philip E	Erie
GALLEN, MD, John H	Berks
GALLETTA, MD, Anthony S	Washington
GALLIA, MD, Francis J	Dauphin
GALLIGAN, MD, William J	Philadelphia
GALLO, MD, James P	Fayette
GALPERIN, MD, Mura	Philadelphia
GALPERIN, MD, Zhanna V	Philadelphia
GALTMAN, MD, Lawrence M	Philadelphia
GALVEZ, MD, Marietta L	Philadelphia
GAMAITONI, CARLO J	Student
GAMBESCIA, MD, Joseph M	Philadelphia
GAMBESCIA, MD, Richard A	Philadelphia
GAMBETTA, MD, Esmeralda	Philadelphia
GAMBONE, MD, Victor E	Philadelphia
GAMBURG, MD, Steven J	Philadelphia
GANDHI, MD, Anant J	Allegheny
GANDHI, MD, Harsh	Luzerne
GANDY, DO, Daniel R	Lycoming
GANGLOFF, MD, Michael A	York
GANIBAN, MD, Justiniano S	Philadelphia
GANIME, MD, Peter D	Montgomery
GANNON, FRANCIS H	Student
GANNON, MD, Jeanne E	Allegheny
GANNON, MD, Reynaldo T	Cambria
GANNON, MD, Robert P	Allegheny
GANOTT, MD, Marie A	Allegheny
GANSMAN, MD, David H	Philadelphia
GARABEDIAN, MD, Joseph A	Montgomery
GARBAK, MD, Frank	Philadelphia
GARBARINO, MD, Andrew A	Cambria
GARBARINO, MD, Joseph L	Northampton
GARBER, DONNA A	Student
GARBER, MD, Edward H	York
GARBES, MD, Archimedes D	Montour
GARCIA, MD, Alfredo J	Butler
GARCIA, MD, Antonio S	Berks
GARCIA, MD, Celso R	Philadelphia
GARCIA, MD, Diosdado A	Allegheny
GARCIA, MD, Dominador I	Chester
GARCIA, MD, Domingo A	Franklin
GARCIA, MD, Guillermo	Dauphin
GARCIA, MD, Jose A	Dauphin
GARCIA, MD, Jose C	Philadelphia
GARCIA, MD, Jose R	Lehigh
GARCIA, MD, Laureano P	Philadelphia
GARCIA, MD, Marian	Centre
GARCIA, MD, Theodore A	Montgomery
GARDEN, MD, Marc D	Philadelphia
GARDENER, MD, Ralph	Allegheny
GARDNER, MD, Alan M	Chester
GARDNER, DO, Bonnie J	Philadelphia
GARDNER, MD, George E	York
GARDNER, MD, Harry W	Mifflin/Juni
GARDNER, MD, James L	Lawrence
GARDNER, MD, James L	Lawrence
GARDNER, MD, John C	Wyoming
GARDNER, DO, Marshall K	Philadelphia
GARDNER, MD, Morris Z	Allegheny
GARDNER, MD, Robert S	Allegheny
GARDNER, MD, Shyrelle	Philadelphia
GARDNER, MD, Stuart A	Lawrence
GARDNER, MD, Thomas W	Venango
GAREIS, MD, John W	Lancaster
GARES, MD, Kathie A	Philadelphia
GAREY, MD, Herman S	Lackawanna
GARFINKEL, MD, Marc E	Allegheny
GARFINKLE, MD, William B	Philadelphia
GARLOFF, DO, Samuel J	Schuylkill
GARMAN, MD, Ray F	Bradford
GARNER, MD, Blaine R	Bucks
GARNER, MD, Lois L	Venango
GARNER, MD, William J	Allegheny
GARNET, MD, James D	Philadelphia
GAROFALO, MD, Carl A	Fayette
GAROFOLA, MD, John H	Lancaster
GAROFOLI, MD, Caesar A	Allegheny
GARRAWAY, DO, Wayne S	Delaware
GARRETT, KEVIN O	Allegheny
GARRETT, MD, Paul R	Bucks
GARRETT JR, MD, William S	Allegheny
GARRETTSON, MD, James A	Indiana
GARRIDO, MD, Eddy	Lancaster
GARRIOTT, MD, John C	Mercer
GARRISON, MD, John M	Erie
GARROTT, MD, John W	Armstrong
GARSON, MD, Warfield	Allegheny
GARTLAND, DO, Charles J A	Delaware
GARTLAND, MD, John J	Philadelphia
GARTNER, MD, William S	Delaware
GARTNER JR, MD, William S	Delaware
GARVEY, MD, Edmund P	Lancaster
GARVEY, MD, William P	Erie
GARY, MD, Gerald L	Philadelphia
GARZARELLI, MD, David M	Allegheny
GASCON, MD, Perla G	Philadelphia
GASH, MD, Arnold K	Philadelphia
GASH, MD, Richard M	Philadelphia
GASIOR, MD, Thomas A	Allegheny
GASKINS, MD, Albert L	Philadelphia
GASOWSKI, MD, Gary L	York
GASPAR, MD, Victoria S	Philadelphia
GASPARI, MD, Raymond J	York
GASTALDO, MD, John A	Lancaster
GASTINEAU, MD, Robert M	Allegheny
GASTON, MD, Noreen M	Bucks
GASULL JR, MD, H Robert	Perry
GATSKI, MD, Robert L	Montour
GATTER, MD, Robert A	Montgomery
GATTI, MD, Dominic L	Montgomery
GATTI, MD, Joseph W	Indiana
GATTO, MD, Frank M	Allegheny
GATTUSO, MD, Robert L	Berks
GAUDIO JR, MD, Ralph	Allegheny
GAUDIOSE, MD, Michael C	Franklin
GAUL, MD, James J	Bucks
GAULIN, MD, J Claude	Northampton
GAULT, MD, James H	Lancaster
GAUNTNER, MD, Wallace C	Allegheny
GAUSE, MD, Paul E	Lancaster
GAUSS, MD, William F	Allegheny
GAVIN, MD, George M	Westmoreland
GAWCHIK, DO, Sandra M	Delaware
GAWLAS, DO, Michael R	Dauphin
GAY, MD, Frank L	Philadelphia
GAY, MD, Thomas C	Allegheny
GAYDOS, MD, Anna E	Philadelphia
GAYDOS, MD, John D	Beaver
GAYDOS, MD, Thomas L	Northampton
GAYESKI, MD, Richard J	Lancaster
GAYLOR, MD, Donald H	Lehigh
GAYLOR, MD, Theodore H	Lehigh
GAYNOR, MD, William B	Lancaster
GAZAK, MD, Stephen J	Philadelphia
GAZDER, MD, Aftab A	Northmbrland
GAZDICK, MD, Mary Anne	Montgomery
GAZEK, MD, Francisco A	Luzerne
GAZMEN, MD, Candonino C	Lackawanna
GAZOWSKI, MD, Thomas E	Luzerne
GEADAH, MD, Fouad A	Dauphin
GEARHART, MD, Lyster M	Lehigh
GEBROSKY, NORMAN P	Student
GEBUS, MD, George R	Beaver
GEDEKOH, MD, Robert H	Allegheny
GEDULDIG, MD, Michael M	Dauphin
GEE, MD, William	Lehigh
GEER, MD, Frank D	Lawrence
GEERAERTS, MD, Louis H	Clearfield
GEETTER, MD, Philip H	Bucks
GEFTER, MD, Louis P	Philadelphia
GEGWICH, MD, Frank	Columbia
GEGWICH, MD, Joseph F	Columbia
GEHL, MD, Leonard G	Allegheny
GEHL, MD, Richard	Allegheny
GEHMAN, MD, Gary S	Lancaster
GEHMAN, MD, John W	Mifflin/Juni
GEHMAN, MD, Milton J	Berks
GEHRING, MD, David A	Venango
GEHRIS, MD, James C	Northmbrland
GEHRIS, MD, John M	Northmbrland
GEHRIS, MD, Leroy A	Berks
GEHRON JR, MD, William H	Lycoming
GEIGER, MD, Leonard R	Montgomery
GEIGLE, MD, Carl F	Erie
GEISELMAN, MD, Douglas L	York
GEISER, MD, Bernard T	Allegheny
GEIST, MD, Donald C	Philadelphia
GEITGEY, MD, William I	Blair
GELACEK, MD, Philip A	Armstrong
GELEHRTER, MD, Joseph	Philadelphia
GELET, MD, Theodore R	Allegheny
GELFAND, MD, David	Philadelphia
GELFOND, MD, David B	Philadelphia
GELLER, MD, D Michael	Montgomery
GELLER, MD, Edward I	Lehigh
GELLER, MD, Joseph	Philadelphia
GELLER, MD, Mark J	Allegheny
GELLER, MD, Michael H	Lehigh
GELMAN, MD, Bruce P	Philadelphia
GELMAN, MD, Ricardo	Philadelphia
GEMIL, MD, Corazon G	Chester
GEMMILL, MD, Reginald B	York
GENATO, MD, Jaime M	Westmoreland
GENC, MD, Salim	Mifflin/Juni
GENDELL, MD, Howard M	Allegheny
GENERALOVICH, MD, Thomas	Allegheny
GENERETTE, MD, William O	Allegheny
GENNARELLI, MD, Thomas A	Philadelphia
GENNARO, MD, Anthony R	Philadelphia
GENOVESE, MD, Frank N	Armstrong
GENT, MD, Joseph A	Venango
GENTER, MD, Bruce E	Philadelphia
GENTILE, MD, Anthony F	Allegheny
GENTILE, MD, Anthony J	Lackawanna
GENTZLER II, MD, Richard D	Lancaster
GEORGE, MD, David L	Berks
GEORGE, MD, Ellen M	Lancaster
GEORGE, MD, Gregory A	Mercer
GEORGE, MD, Jacob	Erie
GEORGE, MD, James M	Allegheny
GEORGE, MD, John J	Allegheny
GEORGE, MD, Robert A	Allegheny
GEORGE, MD, Robert B	Franklin
GEORGE, MD, Robert N	Allegheny
GEORGESON, MD, Steven E	Philadelphia
GEORGIADES, MD, Athan H	Allegheny
GEORGIADIS, MARK S	Student
GEORGU, EDWARD V	Allegheny
GEORGY, MD, Farouk M	Lycoming
GERACI, MD, Stephen A	Allegheny
GERARD, MD, Joseph A	Allegheny
GERBER, MD, Harris S	Philadelphia
GERBER, MD, Michael L	Allegheny
GERBER, MD, Paul	Philadelphia
GERBER, MD, Walter L	Philadelphia
GERBSTADT, CHRISTINE R	Student
GERCHMAN, MD, Leroy B	Lehigh
GERDES, MD, Jeffrey S	Philadelphia
GERDES JR, MD, Joseph H	Dauphin
GERFIN, MD, Ernest R	Wyoming
GERGEN, MD, Werner A	Bradford
GERGER, MD, Joseph P	Westmoreland
GERHART, MD, George R	Berks
GERHART, MD, Willis C	Montgomery
GERIG, MD, John S	Montour
GERLACH, MD, Detlef H	York
GERMAINE-MUNOZ, MD, Jude	Northampton
GERMAN, MD, Antonio I	Erie
GERMAN, MD, Terry M	Montgomery
GERNETH, MD, George J	Allegheny
GERONIMO, MD, Lauro S	Northampton
GERSHENFELD, MD, Marvin A	Philadelphia
GERSHENSON, MD, Stephen R	Montgomery
GERSHKOFF, MD, Arthur M	Philadelphia
GERSHON, DO, Justin H	Montgomery
GERSON, MD, Irvin M	Montgomery
GERSON, MD, Leroy T	Delaware
GERSTBREIN, MD, Harry L	Armstrong
GERSTLEY III, MD, Louis	Philadelphia
GERSTMAN, MD, Ira	Montgomery
GESSNER, MD, Thomas P	Westmoreland
GETTE, MICHAEL T	Student
GETTE, MD, Warren A	Franklin
GETZ, DO, Harry D	Bucks
GETZ, MD, William B	Philadelphia
GEVER, MD, Harold K	Bucks
GEVJAN, MD, Armen H	Delaware
GHATAK, MD, Peter K	Northampton
GHATE, MD, Sharad B	Indiana
GHATNEKAR, MD, Jai V	Allegheny
GHATNEKAR, MD, Revati J	Allegheny
GHIA, MD, Pradeep S	Northampton
GHIATES, DO, Michael P	Lawrence
GHOSH, MD, Bijoy K	Philadelphia
GHOSH, MD, Suresh C	Philadelphia
GHOSH, MD, Tarit K	Montour
GHOSHHAJRA, MD, Kalyanmay	Allegheny
GIACCIA, MD, Amato	Berks
GIACOBBO, MD, John N	Philadelphia
GIAIMO, DO, Anthony J	Montgomery
GIALAMAS, MD, Antonio	Allegheny
GIAMMATTEI, MD, Frank P	Delaware
GIAMPETRO, MD, Anthony M	Philadelphia
GIANAKON, MD, Harry G	Philadelphia
GIANFAGNA, MD, William J	Schuylkill
GIANNASIO, MD, Charles V	Montgomery
GIANNOPOULOS, MD, Peter H	Chester
GIARDINO, ANGELO P	Student
GIBBLE, MD, Leon W	York
GIBBONS, MD, Jacquelyn H	Delaware
GIBBONS, MD, Richard E	Philadelphia
GIBBONS, MD, Robert J	Luzerne
GIBBONS, MD, William P	Blair
GIBBS, MD, Winfield S	Northmbrland
GIBNEY, MD, Michael J	Chester
GIBSON, MD, Alice S	Allegheny
GIBSON, MD, Barbara B	Philadelphia
GIBSON, MD, Elizabeth L	Montour
GIBSON, MD, F Clay	Westmoreland
GIBSON, MD, Keith	Montour
GIBSON, MD, Ken	Westmoreland
GIBSON, MD, William B	Delaware
GIBSON, MD, William E	Allegheny
GIBSON, MD, William S	Allegheny
GIBSON, MD, William S	Montour
GIBSON JR, MD, Roy L	Allegheny
GIERING, MD, John F	Luzerne
GIESECKE, MD, Susan B	Berks
GIFFORD, MD, Robert R M	Dauphin
GIGA, MD, Judith P	Allegheny
GIGLIOTTI, MD, Anthony C	Philadelphia
GILBERT, DO, Dennis L	Tioga
GILBERT, MD, Robert P	Philadelphia
GILBERTI, MD, Frank F	Allegheny
GILBERTI, MD, Michael V	Allegheny
GILDEA, MD, James E	Dauphin
GILDINER, MD, Lennard R	Philadelphia
GILFILLAN III, MD, A George	Berks
GILFORD, MD, Lawrence M	Clarion
GILGORE, MD, Gary S	Philadelphia
GILL, MD, Donald J	Philadelphia
GILL, MD, Lewis M	Bucks
GILL, MD, Robert J	Philadelphia
GILL III, MD, Thomas J	Allegheny
GILLEN, MD, George P	Northampton
GILLEN, MD, James P	Montour
GILLESPIE, MD, Harry K	Westmoreland
GILLESPY, MD, William G	Lawrence
GILLIGAN, MD, Frank P	Delaware
GILLIS, MD, Angus T	Delaware
GILLIS, MD, Victoria A	Armstrong

GILLUM, MD, David F	Tioga
GILMAN, MD, Edward	Allegheny
GILMAN, MD, Paul B	Philadelphia
GILMAN, MD, Steven B	Delaware
GILMORE, MD, Frederick R	Clearfield
GILMORE, MD, George H	Allegheny
GILMORE, MD, Ina M	Lycoming
GILMORE, MD, Irvin W	Berks
GILMORE, MD, James	Allegheny
GILMORE JR, MD, Hugh R	Delaware
GILROY, MD, Robert C	Dauphin
GINCHEREAU, MD, Eugene H	Allegheny
GINGRICH, MD, Kerry H	Lebanon
GINGRICH JR, MD, Russell L	Lebanon
GINIECZKI, MD, Chester J	Philadelphia
GINLEY JR, MD, Thomas H	Philadelphia
GINSBERG, MD, David K	Philadelphia
GINSBERG, MD, Gary	Berks
GINSBERG, MD, Gene H	Lehigh
GINSBERG, MD, Joseph E	Lawrence
GINSBURG, MD, Abraham	Philadelphia
GINSBURG, DAVID L	Allegheny
GINSBURG, MD, David S	Delaware
GINSBURG, MD, Howard H	Philadelphia
GINSBURG, MD, Isadore W	Montgomery
GINSBURG, MD, John L	Union
GINSBURG, MD, Michael J	Allegheny
GINSBURG, MD, Nathan N	Lawrence
GINSBURG, MD, Silas J	Montgomery
GINTER JR, MD, George C	Lycoming
GIOMBETTI, MD, Joseph J	Lackawanna
GIORDANO, MD, Lorraine M	Philadelphia
GIORDANO, MD, Nicholas D	Luzerne
GIORGIO, MD, Quentin M	Delaware
GIOVANNELLI, MD, Anne S	Philadelphia
GIPSON, MD, Lawrence L	Allegheny
GIRARD, MD, Donald A	Philadelphia
GIRARDO, MD, Salvatore P	Philadelphia
GIRDANY, MD, Bertram R	Allegheny
GIRDANY, MD, David S	Allegheny
GIRONE, MD, Joseph A	Bucks
GIRONE, MD, Joseph F	Philadelphia
GIRSH, MD, Leonard S	Philadelphia
GIRTON, MD, Keith E	Clinton
GISLASON, MD, G John	Philadelphia
GITLIN, MD, Melvin C	Montgomery
GITTELL, DO, Amy J	Philadelphia
GITTINGS, MD, Paul E	Allegheny
GITTLEMAN, MD, Mark A	Lehigh
GITTLEMAN, MD, Stanton C	Philadelphia
GIUDICE, MD, Virginio J	Philadelphia
GIUFFRA, MD, Loretta J	Philadelphia
GIUGLIANO, MD, Frank J	Columbia
GIULIAN, MD, Bertrand B	Dauphin
GIULIAN, MD, Karl A	Philadelphia
GIUNTOLI, MD, Robert L	Philadelphia
GIUSTOZZI JR, JOHN J	Student
GIVEN, MD, Kenneth M	Philadelphia
GIVENS, MD, Frederick T	Dauphin
GIZDAVCIC, MD, Bartol J	Philadelphia
GLADSTONE, MD, Julian L	Delaware
GLAH, DO, James J	Bedford
GLAH JR, MD, Henry J	Lancaster
GLANZBERG, MD, Pauline	Montgomery
GLASER, MD, Barry L	Montgomery
GLASKIN, MD, Allen	Philadelphia
GLASS, MD, Philip	Philadelphia
GLASS, MD, Steven J	Philadelphia
GLASSBURN, MD, Edward M	Allegheny
GLASSBURN, MD, John R	Philadelphia
GLASSER, MD, Stuart A	Westmoreland
GLASSMAN, MD, Joel M	Philadelphia
GLASSMAN, MD, Solomon	Philadelphia
GLASSO, MD, Louis C	Allegheny
GLATZ, GUY G	Student
GLAUSER, MD, Elinor M	Philadelphia
GLAUSER, MD, Felix E	Dauphin
GLAUSER, MD, Terry A	Montgomery
GLAZER, MD, Alan U	Philadelphia
GLAZER, MD, Robert M	Philadelphia
GLAZERMAN, MD, Larry R	Lehigh
GLAZMAN, MD, Lyudmila	Philadelphia
GLEASON, MD, James A	Allegheny
GLEESON, MD, George H	Allegheny
GLEESON, MD, George L	Dauphin
GLENN, MD, John F	Washington
GLENNEY, MD, Wilton	Schuylkill
GLENNON, MD, Joseph A	Philadelphia
GLICK, MD, Abraham	Philadelphia
GLICK, MD, Harold M	Allegheny
GLICK, MD, Kenneth A	Allegheny
GLIKMAN, MD, Nadezhda	Philadelphia
GLORIOSO, MD, Joseph J	Allegheny
GLORIOSO, MD, Robert C	York
GLORSKY, MD, Steven L	Philadelphia
GLOSSER, MD, William E	Berks
GLOVER, MD, Warren M	Montour
GLOWACKI, MD, Francis L	Venango
GLUCK, MD, Michael L	Dauphin
GLUCKMAN, MD, Robert J	Allegheny
GLUCKMAN, MD, Stephen J	Philadelphia
GLUNK, MD, Daniel J	Allegheny
GLUSCIC, MD, John J	Montour
GMUER, MD, Paul J	Erie
GNAU, MD, Charles R	Lebanon
GNEGY, MD, Richard	Allegheny
GO, MD, Alfonzo H L	Lycoming
GO, MD, Josephine L	Delaware
GO, MD, Welles P	Philadelphia
GO JR, MD, William C	Cambria
GOBEL, MD, Reginald T	York
GOCHOCO, MD, Jacinto J	York
GODDARD JR, MD, James E	Lancaster
GODFREY, DO, Craig R	Crawford
GODINEZ-CEJUDO, MD, Jorge A	Philadelphia
GODLA, MD, Gregory J	Allegheny
GODLEY, MD, Joanne	Philadelphia
GODSHALL, MD, Richard W	Bucks
GODSHALL, MD, Stanley M	Lancaster
GOEBEL, EDWARD J	Student
GOEBERT, MD, Herbert W	Chester
GOEDECKE, MD, John B	Dauphin
GOEHRING, MD, Donald E	Butler
GOEHRING, MD, Walter O	Allegheny
GOEL, MD, Inder P	Philadelphia
GOELTSCH, MD, Robert E	Cumberland
GOEPP, MD, Carla E	Philadelphia
GOERINGER, MD, C Fred	Montgomery
GOESER, MD, Eugene	Delaware
GOESSLER, MD, Mary C	Allegheny
GOGGIN, MD, Leon D	Beaver
GOHSLER, MD, Steven P	Philadelphia
GOKCEN, ERIC C	Student
GOKHALE, MD, Sudhir B	Erie
GOLANI, MD, Umesh A	Allegheny
GOLD, MD, Allan	Philadelphia
GOLD, MD, Arnold Z	Venango
GOLD, MD, Barbara W	Philadelphia
GOLD, MD, Gordon R	Allegheny
GOLD, MD, Henry J	Philadelphia
GOLD, MD, Herman	Delaware
GOLD, MD, Jack	Erie
GOLD, MD, Jonathan	Bucks
GOLD, MD, Morrie G	Chester
GOLDBACHER JR, MD, Lawrence R	Philadelphia
GOLDBERG, MD, Alan H	Montgomery
GOLDBERG, MD, Barry B	Philadelphia
GOLDBERG, MD, Gary	Philadelphia
GOLDBERG, MD, Harry	Philadelphia
GOLDBERG, MD, Harvey E	Bucks
GOLDBERG, HELEN L	Student
GOLDBERG, MD, Larry H	Philadelphia
GOLDBERG, MD, Lisa A	Allegheny
GOLDBERG, MD, Louis	Montgomery
GOLDBERG, MD, Michael E	Philadelphia
GOLDBERG, DO, Murray	Philadelphia
GOLDBERG, DO, Murray E	Chester
GOLDBERG, MD, Richard E	Philadelphia
GOLDBERG, MD, Richard M	Montour
GOLDBERG, MD, Rochelle	Philadelphia
GOLDBERG, MD, Sheldon	Philadelphia
GOLDBERG, MD, Steven E	Philadelphia
GOLDBERG, MD, Steven K	Philadelphia
GOLDBERGER, MD, Arnold	Philadelphia
GOLDBERGER, MD, Daniel	Crawford
GOLDBLATT, MD, Sidney A	Cambria
GOLDBLUM, MD, Abraham D	Allegheny
GOLDBLUM, MD, Lee J	Allegheny
GOLDBLUM, MD, Orin M	Allegheny
GOLDBLUM, MD, Raymond W	Allegheny
GOLDBURGH, MD, Warren P	Philadelphia
GOLDEN, MD, Mano R	Montgomery
GOLDEN, MD, Michael F	Chester
GOLDEN IV, MD, Samuel W	Allegheny
GOLDENBERG, MD, Arnold	Chester
GOLDENER, MD, John F	Montgomery
GOLDFARB, MD, Alvin F	Philadelphia
GOLDFARB, MD, Daniel D	Lehigh
GOLDFARB, MD, Darcy E	Philadelphia
GOLDFARB, MD, Harold J	Lehigh
GOLDFARB, MD, I William	Allegheny
GOLDFARB, MD, Lloyd G	Lancaster
GOLDFEDER, MD, Warren J	Luzerne
GOLDFINE, MD, Alan	Chester
GOLDFINE, MD, Harry A	Philadelphia
GOLDFINE, MD, Joseph D	Philadelphia
GOLDIN, MD, Ralph J	Lancaster
GOLDING, MD, Irvin M	Allegheny
GOLDMAN, MD, Arthur	Delaware
GOLDMAN, MD, Avra L	Philadelphia
GOLDMAN, BARRY D	Student
GOLDMAN, MD, Duane C	Lancaster
GOLDMAN, MD, Gary L	Lancaster
GOLDMAN, MD, H Warren	Philadelphia
GOLDMAN, MD, Irving S	Allegheny
GOLDMAN, MD, L Barton	Philadelphia
GOLDMAN, MD, Marvin	Philadelphia
GOLDMAN, MD, Richard J	Delaware
GOLDMAN, MD, Robert F	Franklin
GOLDMAN, MD, Scott M	Philadelphia
GOLDMAN, MD, Stanley R	Dauphin
GOLDMAN, MD, Stephen M	Philadelphia
GOLDNER, MD, David B	Lehigh
GOLDSCHMIDT, MD, Herbert	Montgomery
GOLDSMITH, MD, Charles P	Lehigh
GOLDSMITH, MD, Joyce	Philadelphia
GOLDSTEIN, MD, Arnold L	Bucks
GOLDSTEIN, MD, Arthur M	Philadelphia
GOLDSTEIN, MD, Bernard	Philadelphia
GOLDSTEIN, MD, David M	Allegheny
GOLDSTEIN, MD, Elliott J	Allegheny
GOLDSTEIN, MD, Erroll J	Lackawanna
GOLDSTEIN, MD, Franz	Philadelphia
GOLDSTEIN, MD, Gary N	Philadelphia
GOLDSTEIN, MD, Irwin S	Philadelphia
GOLDSTEIN, MD, Jacob	Philadelphia
GOLDSTEIN, MD, Jerome	Philadelphia
GOLDSTEIN, MD, Jerome B	Delaware
GOLDSTEIN, MD, Larry E	Philadelphia
GOLDSTEIN, MD, Laurence	Dauphin
GOLDSTEIN, MD, Morton L	Allegheny
GOLDSTEIN, MD, Neil H	Chester
GOLDSTEIN, MD, Norman A	Chester
GOLDSTEIN, MD, Norman S	Philadelphia
GOLDSTEIN, MD, Richard S	Philadelphia
GOLDSTEIN, MD, Robert C	Philadelphia
GOLDSTEIN, MD, Scott D	Philadelphia
GOLDSTEIN, MD, Stephen J	Philadelphia
GOLDSTEIN, MD, William M	Philadelphia
GOLDSTONE, MD, Sheldon B	Lackawanna
GOLDSTROHM, MD, Gregg L	Westmoreland
GOLDSTROHM, MD, Robert G	Indiana
GOLDWEIN, MD, Manfred I	Philadelphia
GOLLA, MD, Chandra S	Allegheny
GOLLA, MD, Saraswathi K	Allegheny
GOLLATZ, MD, John W	Allegheny
GOLLOMP, MD, Stephen M	Delaware
GOLOMB, MD, Milton W	Allegheny
GOLOMB, MD, Norman G	Washington
GOLTZ, MD, Gerald M	Allegheny
GOMAR, MD, Alfonso A	Lackawanna
GOMBAR, MD, Edward F	Lackawanna
GOMBERG, MD, Jack A	Philadelphia
GOMEZ, MD, Blanca M	Montgomery
GOMEZ, MD, Luis L	Crawford
GOMEZ, MD, Pedro F	Montgomery
GONICK, MD, Paul	Philadelphia
GONNELLA, MD, Joseph S	Philadelphia
GONTHIER, DOLORES M	Allegheny
GONZALES, MD, Albert	Bucks
GONZALES, MD, Patricio P	Northampton
GONZALEZ, MD, Alejandro R	Allegheny
GONZALEZ, MD, Carlos	Philadelphia
GONZALEZ, MD, Dominic E	Montgomery
GONZALEZ, MD, Rene M	Allegheny
GONZALEZ, MD, Roberta B	Philadelphia
GONZALEZ-MASO, MD, George E	Philadelphia
GOOD, MD, Daniel C	Lancaster
GOOD, MD, Harry S	Lehigh
GOOD, MD, Milton S	Lancaster
GOOD, MD, Robert F	Allegheny
GOOD, MD, Robert L	Berks
GOOD, MD, Robert P	Montgomery
GOOD, MD, Vance A	Bradford
GOODE JR, MD, John G	Philadelphia
GOODMAN, MD, Bruce	Dauphin
GOODMAN, MD, Carl R	Montgomery
GOODMAN, MD, David B	Fayette
GOODMAN, MD, David M	Philadelphia
GOODMAN, DO, Donald A	Philadelphia
GOODMAN, MD, Gerald A	Berks
GOODMAN, GORDON T	Allegheny
GOODMAN, MD, Mark A	Allegheny
GOODMAN, MD, Richard A	Allegheny
GOODMAN, MD, Robert L	Philadelphia
GOODMAN, MD, Sanford M	Montgomery
GOODMAN, MD, William H	Delaware
GOODNER, MD, David M	Philadelphia
GOODPASTOR, MD, William E	Mercer
GOODREAU, MD, James J	Lehigh
GOODRICH, MD, David C	Northampton
GOODRICH, MD, Edward O	Philadelphia
GOODRICH, MD, Jack K	Erie
GOODRICH, MD, Kenneth B	Allegheny
GOODSON, MD, Bruce M	Berks
GOODSTEIN, DO, Richard S	York
GOODWORTH, MD, John H	Allegheny
GOOSENBERG, MD, Eric B	Philadelphia
GOPAL, MD, Krishnan A	Allegheny
GOPAL, SARITA	Student
GOPAL, MD, T A	Lehigh
GOPLERUD, MD, Elizabeth J	Carbon
GOPLERUD, MD, Jan M	Philadelphia
GOPPALD, MD, Ronald W	Bucks
GOPPELT, MD, John W	Montgomery
GORAB II, ROBERT S	Allegheny
GORACCI, MD, Grace G	Philadelphia
GORALCZYK JR, MD, Edward J	Allegheny
GORBY, MD, Charles K	Delaware
GORDEUK, MD, Daniel S	Centre
GORDIN, MD, Stephen J	Philadelphia
GORDON, MD, Alan D	Mifflin/Juni
GORDON, MD, Arthur E	Montgomery
GORDON, MD, Barry M	Allegheny
GORDON, MD, Charles A	Lehigh
GORDON, DO, Daniel S	Jefferson
GORDON, MD, Dudley R	Dauphin
GORDON, MD, Elizabeth H	Allegheny
GORDON, MD, Gerald	Montour
GORDON, MD, Gregory R	Philadelphia
GORDON, MD, Harold E	Westmoreland
GORDON, MD, Harold M	Delaware
GORDON, MD, Isadore	Chester
GORDON, MD, Jacob S	Philadelphia
GORDON, MD, James K	Bedford
GORDON, MD, Jerold S	Allegheny
GORDON, MD, Joanne G	Dauphin
GORDON, MD, Joseph S	Delaware
GORDON, MD, Kimberly	Allegheny
GORDON, MD, Leonard F	Montgomery
GORDON, LORETTA E	Allegheny
GORDON, MD, Michael E	Berks
GORDON, MD, Michael J	Lehigh
GORDON, MD, Milton S	Westmoreland
GORDON, MD, Murray B	Allegheny
GORDON, PATRICK O	Allegheny
GORDON, MD, Robert A	Dauphin
GORDON, DO, Sanford A	Washington
GORDON, MD, Stuart L	Delaware
GORDON, MD, Susan J	Philadelphia
GORDON, MD, Tom J	Allegheny
GORDON, MD, William S	Dauphin
GORDON JR, MD, Kenneth H	Montgomery
GOREN, MD, Elihu N	Montgomery
GOREN, MD, Lawrence J	Philadelphia
GOREN, MD, Robert A	Philadelphia
GOREN, MD, Ronald C	Philadelphia
GOREN, MD, Stanley E	Philadelphia
GORRY, MD, John D	Delaware
GORSKI, MD, Deborah A	Bradford
GOSFIELD JR, MD, Edward	Philadelphia
GOSHORN, MD, Roy W	Blair
GOSZTONYI JR, MD, Rudolph E	Northampton
GOTLIEB, MD, Jerry	Montgomery
GOTTHEIL, MD, Edward	Philadelphia
GOTTLIEB, MD, Harry	Philadelphia
GOTTLIEB, MD, Jerome I	Lancaster
GOTTLIEB, DO, Marshall M	Philadelphia
GOTTLIEB, MD, Philip M	Philadelphia
GOTTLIEB, MD, Robert J	Lancaster
GOTTLIEB, MD, Ronald S	Philadelphia
GOTTLIEB, MD, Stanley	Philadelphia
GOTTLIEB, MD, Steven M	Philadelphia
GOTTSHALL, MD, Samuel C	Lackawanna
GOULD, MD, Richard B	Philadelphia
GOULDIN, MD, Judith A	Lycoming
GOULEY, MD, Benjamin A	Philadelphia
GOURASH, MD, Leona	Allegheny
GOUW, MD, Christopher B	Carbon
GOWDEY, MD, M Agnes	Philadelphia
GOWEN, MD, George F	Montgomery
GOWING, MD, Jean	Philadelphia
GOYAL, MAHEEP K	Student
GOYAL, MD, Suman	Philadelphia
GOYNE, MD, Ruth G	Delaware
GOZUM, MD, Carmen Z	Northampton
GRAB, MD, Edmundo M	Blair
GRABAR, MD, Joyce M	Philadelphia
GRABIAK, MD, Gregory D	Westmoreland
GRABIAS, MD, Stanley L	Berks
GRABOWSKI, MD, Marie A	Luzerne
GRABOYES, MD, Arnold B	Lycoming
GRACE, MD, Helen K	Philadelphia
GRACE, MD, James J	Susquehanna
GRACEY, MD, Jack G	York
GRAD, MD, Charles T	Lackawanna
GRAD, MD, L Christine	Philadelphia
GRADY, MD, James W	Cambria
GRAF, MD, Kenneth W	Dauphin
GRAFT, MD, David F	Allegheny
GRAHAM, MD, Barry E	Berks
GRAHAM, MD, Garth K	Philadelphia
GRAHAM, MD, Joseph E	York
GRAHAM, MD, Mark G	Philadelphia
GRAHAM, MD, Thomas H	Chester
GRAHAM, MD, Thomas R	Allegheny
GRAHAM, MD, Toby O	Allegheny
GRAHAM III, MD, William P	Cumberland
GRAJEWSKI, MD, Robert S	Erie
GRAMMES, MD, Charles F	Montour
GRANA, MD, Philip C	Bedford
GRANA, MD, Vicente P	Philadelphia
GRANADOS, MD, Nicanor G	Berks
GRANADOS, MD, Suzita N	Berks
GRANDON, MD, Raymond C	Dauphin
GRANICK, MD, Mark S	Philadelphia
GRANOWITZ, MD, Samuel P	Allegheny
GRANSON, MD, Marc A	Northampton
GRANT, MD, Alistair M	Lancaster
GRANT, MD, B David	Delaware
GRANT, MD, Howard R	Philadelphia
GRANT, MD, Kathleen J	Allegheny
GRANTHAM, ANNE S	Allegheny
GRASMICK, MD, Albert L	Adams
GRASSE JR, MD, John M	Lancaster
GRASSI, MD, Joseph J	Lehigh
GRASSI, MD, Michael O	Philadelphia
GRATCH, MD, Michael J	Montgomery
GRATZ, DO, Irwin	Philadelphia
GRATZ, MD, Richard E	Lackawanna
GRAU, MD, Keith E	Philadelphia
GRAUBARD, MD, Howard M	Berks
GRAUEL JR, MD, Theodore A	Lawrence
GRAVES, MD, Vaughan C	Philadelphia
GRAVES JR, MD, Beverly	Philadelphia
GRAY, MD, Cynthia A	Allegheny
GRAY, MD, David W	Union
GRAY, MD, Dennis C	Philadelphia
GRAY, MD, Frieda G	Philadelphia
GRAY, MD, Herbert M	Beaver
GRAY, MD, Jeffrey A	Allegheny
GRAY, MD, Jerry L	Cambria
GRAY, DO, John M	Northampton
GRAY, MD, Louis P	Lancaster
GRAY, MD, Robert T	Franklin
GRAY, SCHARAZARD L	Allegheny
GRAY III, MD, Samuel	Allegheny
GRAY JR, MD, Frank D	Philadelphia
GRAY JR, MD, George H	Allegheny
GRBACH, VINCENT X	Allegheny
GRECO, MD, Frank D	Allegheny
GRECO, MD, Jeffrey M	Northmbrland
GRECO, MD, Robert M	Montour
GRECO, MD, Toby A	Philadelphia
GRECO, MD, Victor F	Luzerne

GREDLER, MD, Frank E	Dauphin
GREEN, DO, Alfred I	Philadelphia
GREEN, MD, Arthur H	Beaver
GREEN, MD, Barry P	Montgomery
GREEN, MD, Bradford	Bucks
GREEN, MD, Charles	Schuylkill
GREEN, MD, George R	Montgomery
GREEN, MD, Howard A	Philadelphia
GREEN, JAMES M	Allegheny
GREEN, MD, Joseph E	Cumberland
GREEN, MD, Lawrence	Delaware
GREEN, MD, Leland J	Montgomery
GREEN, MD, M Edwin	Dauphin
GREEN, MD, Mayer A	Allegheny
GREEN, MD, Michael R	Lycoming
GREEN, MD, Richard L	Allegheny
GREEN, MD, Robert L	Philadelphia
GREEN, MD, Roy	Schuylkill
GREEN, MD, Russell P	Bucks
GREEN, MD, Thomas J	Cumberland
GREEN, MD, William	Philadelphia
GREEN, MD, William H	Delaware
GREEN III, MD, Joseph E	Cumberland
GREEN JR, MD, William T	Allegheny
GREENACRE, MD, Judith K	Philadelphia
GREENAWALD, MD, Henry A	Dauphin
GREENAWALT, MD, Robert G	Franklin
GREENBAUM, MD, Charles H	Philadelphia
GREENBAUM, MD, James K	Armstrong
GREENBAUM, MD, Marvin H	Montgomery
GREENBAUM, MD, Roy L	Philadelphia
GREENBERG, MD, Harry H	Philadelphia
GREENBERG, MD, Jack O	Philadelphia
GREENBERG, MD, Leonard F	Philadelphia
GREENBERG, MD, Marvin S	Philadelphia
GREENBERG, MD, Michael R	Clinton
GREENBERG, MD, Richard E	Montgomery
GREENBERG, MD, Richard H	Philadelphia
GREENBERG, MD, Richard M	Philadelphia
GREENBERG, MD, Robert N	Berks
GREENBERG, MD, Steven M	Jefferson
GREENBERG, MD, Wayne V	Allegheny
GREENBURG, MD, Morren J	Mercer
GREENE, MD, Donald H	Lycoming
GREENE, MD, Gary S	Delaware
GREENE, DO, Hinda M	Philadelphia
GREENE, MD, James E	Allegheny
GREENE, MD, Jeffrey M	Montgomery
GREENE, MD, Lucille T	Berks
GREENE, MD, Marguerite W	Chester
GREENE, MD, Neil A	Lancaster
GREENE, MD, Robert F	Indiana
GREENE, MD, Ronald B	Philadelphia
GREENE, MD, Thomas E	Montgomery
GREENFIELD, MD, Lawrence S	Montour
GREENFIELD, MD, Val S	Philadelphia
GREENLEE, MD, Daniel P	Greene
GREENSMITH, J ERIC	Student
GREENSPAN, MD, Herbert S	Montgomery
GREENSPAN, DO, Jeffrey R	Philadelphia
GREENSPAN, MD, Mitchell M	Bucks
GREENSPON, MD, Arnold J	Philadelphia
GREENSPON, MD, Samuel E	Montgomery
GREENSTEIN, MD, Sidney	Philadelphia
GREENSTEIN, MD, Stuart M	Philadelphia
GREENWALD, MD, David W	Luzerne
GREENWALD, MD, Stanley M	Philadelphia
GREENWOOD, MD, Steven M	Montour
GREER, DIANE C	Allegheny
GREER III, MD, Robert B	Dauphin
GREGERSEN, MD, James O	Philadelphia
GREGG, MD, Frank J	Allegheny
GREGG, MD, Grace S	Allegheny
GREGG, MD, John S	Allegheny
GREGG, MD, Thomas S	Butler
GREGO, MD, J Gregory	Allegheny
GREGORY, MD, Daniel H	Allegheny
GREGORY, MD, George W	Berks
GREGORY, MD, Robert E	Allegheny
GREIM, MD, Charles C	Allegheny
GREISSINGER, MD, Walter M	Allegheny
GRENNAN JR, M JOSEPH	Allegheny
GRENVIK, MD, Ake N	Allegheny
GRESS, MD, Francis A	Northampton
GRESS, MD, Gordon A	Cambria
GRESS, MD, William W	Cambria
GRESSLY, MD, Donald W	Beaver
GRETH, MD, Warren E	Berks
GREYBUSH, MD, Joseph N	Lehigh
GRIBB, J JEFFREY	Allegheny
GRIBB, MD, John J	Bucks
GRIBB, MD, Joseph C	Dauphin
GRIBETZ, MD, Michael D	Schuylkill
GRIBIK, MD, Michael	Allegheny
GRIECO, WILLIAM M	Student
GRIESMER, MD, Paul D	Luzerne
GRIFF, MD, Leonard C	Dauphin
GRIFF, MD, Roberta E	Dauphin
GRIFFEN, MD, David L	Venango
GRIFFEN, MD, Helen S	Venango
GRIFFEN, MD, R Howard	Venango
GRIFFIN, MD, Steven P	Indiana
GRIFFIN, MD, Thomas D	Philadelphia
GRIFFITH, MD, Annette Y	Bucks
GRIFFITH, MD, Bartley P	Allegheny
GRIFFITH, MD, Charles Q	Philadelphia
GRIFFITH, MD, Glenn G	Cambria
GRIFFITH, MD, John R	Philadelphia
GRIFFITH, MD, Joseph B	Allegheny
GRILL, MD, Winfred E	Jefferson
GRIM, MD, Mark D	Berks
GRIMES, MD, Clarence W	Greene
GRISKA, MD, Joel A	Philadelphia
GROFF, MD, Margaret Y	Cumberland
GROH, MD, John R	Lebanon
GROLEAU, MD, George E	Lancaster
GROLMAN, MD, Dennis M	York
GRONDZIOWSKI JR, PETER M	Allegheny
GROOMES, MD, Roderick B	Armstrong
GROPPER, MITCHELL R	Student
GROSH, MD, John L	Lancaster
GROSH, MD, Joseph W	Lancaster
GROSH, MD, Julieta D	Philadelphia
GROSH, MD, Paul R	Lancaster
GROSH, MD, William B	Lancaster
GROSH, MD, William K	Lancaster
GROSKY, MD, Murray B	Lebanon
GROSS, MD, Benjamin A	Philadelphia
GROSS, MD, Daniel J	Montgomery
GROSS, MD, Donald R	York
GROSS, MD, Lawrence S	Berks
GROSS, MD, Maurice D	Montgomery
GROSS, MD, Paul	Allegheny
GROSS, MD, Paul R	Philadelphia
GROSS, MD, Richard H	Chester
GROSSBERG, MD, Michael F	Franklin
GROSSMAN, MD, Alan R	Montgomery
GROSSMAN, MD, Eric J	Philadelphia
GROSSMAN, DO, Fred	Philadelphia
GROSSMAN, MD, Gilbert	Philadelphia
GROSSMAN, MD, I William	Fayette
GROSSMAN, MD, Ira C	Luzerne
GROSSMAN, MD, Joseph N	Philadelphia
GROSSMAN, MD, Larry B	York
GROSSMAN, MD, Perry	Chester
GROSSMAN, MD, Ronald M	Dauphin
GROSSMAN, MD, Sheila S	Montgomery
GROSSMAN JR, MD, Louis W	Lawrence
GROTZINGER, MD, Paul J	Philadelphia
GROVE, MD, Bruce A	York
GROVE, MD, Glenn P	York
GROVE, MD, Russell E	York
GROVE, MD, William K	York
GROVE JR, MD, Dale A	Northampton
GROVER, MD, Joseph G	Philadelphia
GROVER, MD, Sukhdev S	Allegheny
GRUBB, MD, Willard Y	Berks
GRUBBS, MD, Robert M	Allegheny
GRUBER, MD, John W	Berks
GRUMET, MD, Bernard A	Allegheny
GRUNBERG, MD, Robert W	Lehigh
GRUNT, MD, Richard F	Philadelphia
GRUNWALD, MD, Juan E	Philadelphia
GRUSZKA, MD, Francis A	Monroe
GRYCZKO, MD, Gerald A	Lackawanna
GRYN, MD, Jeff	Philadelphia
GSCHWEND III, MD, Paul	Lancaster
GU, MD, Jeng Y	Bradford
GUAGLIARDO, DO, Joseph P	Bucks
GUANZON, MD, Danilo L	Crawford
GUARDIANI, MD, Mary Jane	Chester
GUARINI, MD, Pasquale B	Delaware
GUEHL, DO, John J	Allegheny
GUEHL JR, MD, John J	Allegheny
GUELBENZU, MD, Nelson O	Cambria
GUELCHER, MD, Robert T	Erie
GUENTER, MD, Fritz E	Mckean
GUERRA, MD, Corazon A	Northampton
GUERRERO, MD, Juan R	Philadelphia
GUESON, MD, Emerita T	Philadelphia
GUESS, MD, Harry A	Montgomery
GUEVARRA, MD, Jesusita H	Philadelphia
GUILLARD, MD, Frank	Centre
GUILLARD, MD, Paul	Lehigh
GUINTO, MD, Jose C	Allegheny
GUIRGUIS, MD, Morris F	Delaware
GUIRNALDA-CASTRO, MD, Nemesia G	Montgomery
GUISER, MD, Lynn G	Mifflin/Juni
GUISTWITE, MD, Kenneth R	Cumberland
GULARSKI, MD, Alice S	Allegheny
GULICK, MD, Thomas H	Monroe
GUMERMAN, MD, Lewis W	Allegheny
GUMINA, MD, Thomas F	Delaware
GUMNIT, MD, Robert Y	Philadelphia
GUMP, MD, Robert B	Allegheny
GUNDERSON, MD, Robert L	Luzerne
GUNDUZ, MD, Metin	Erie
GUNDUZ, MD, Paula A	Erie
GUNNET, MD, Oren W	York
GUNSTER, MD, Gerald D	Luzerne
GUNTUR, MD, Sivarama K	Allegheny
GUPTA, MD, Chitra L	Philadelphia
GUPTA, MD, Giriwarlal	Monroe
GUPTA, MD, Krishna G	Westmoreland
GUPTA, MD, Mahesh C	Bucks
GUPTA, MD, Ved P	Philadelphia
GUPTA-BALA, SANTOSH	Student
GURAK, MD, Randall B	Philadelphia
GUREGHIAN, MD, Patricia A	Montgomery
GURGUN, MD, Melih	Allegheny
GURKAYNAK, MD, Necmi	Philadelphia
GURMAN, MD, Andrew W	Blair
GURSON, MD, Helen W	Allegheny
GUSHUE, DO, George F	Bucks
GUSIC, MARYELLEN E	Student
GUSTAITIS, MD, Joseph A	Lackawanna
GUSTAVSON, MD, Roger B	Dauphin
GUSTIN, MD, Thomas A	Erie
GUTEKUNST, MD, Paul E	Philadelphia
GUTHLEBEN, MD, John G	Erie
GUTHRIE, MD, David A	Franklin
GUTHRIE, MD, Marshall B	Montgomery
GUTHRIE, MD, Michael A	Allegheny
GUTHRIE, MD, William J	Montgomery
GUTIERREZ, MD, Emmeline P	Philadelphia
GUTIERREZ, MD, Felix	Dauphin
GUTIERREZ, MD, Lina C	Montgomery
GUTKNECHT, MD, David R	Montour
GUTKOWSKI, MD, S Leonard	Washington
GUTOWICZ, MD, Marcia A	Philadelphia
GUTTERMAN, MD, Paul	Luzerne
GUTTMAN, MD, Michael	Bucks
GUTTMANN, MD, Gad G	Philadelphia
GUTTMANN, MD, Marlane C	Philadelphia
GUYER, MD, Samuel	Montgomery
GUZEK, MD, John R	Lackawanna
GUZEK, MD, Joseph T	Lackawanna
GUZMAN, MD, Jose G	Northampton
GUZZARDI, MD, Lawrence J	York
GUZZO, MD, Cynthia A	Philadelphia
GUZZO, MD, Joseph C	Lehigh
GVOZDEN, MD, Robert	Cambria
GYDA, MICHAEL A	Student

H

HAAS, MD, Charles M	Blair
HAAS, MD, Donald D	Westmoreland
HAAS, DO, Glenn E	Bucks
HAAS, MD, J Eric	Montgomery
HAAS, MD, Janet F	Philadelphia
HAAS, DO, Myron D	Schuylkill
HAAS, MD, Naomi B	Montgomery
HAASE, MD, Gunter R	Philadelphia
HAAZ, MD, William S	Philadelphia
HABECKER, MD, Elizabeth T	Lebanon
HABER, MD, Arthur S	Luzerne
HACKETT, MD, Anne E	Fayette
HACKMAN, MD, Vicki L	Lancaster
HADDAD, MD, Robert M	Montour
HADDEN, MD, Samuel B	Philadelphia
HADDON JR, MD, Harry H	Franklin
HADFIELD JR, MD, William A	Delaware
HADLEY, MD, Carolyn B	Philadelphia
HADLOCK, MD, Daniel C	Blair
HADRA, MD, Ellinor S	Montgomery
HADUCK, MD, Leonard A	Blair
HAEBERLE, MD, William A	Philadelphia
HAEGELE, MD, Linda A	Philadelphia
HAEUSSNER, MD, Charles F	Allegheny
HAFF, MD, Donald W	Lehigh
HAFT, MD, Harold	Philadelphia
HAGAN JR, MD, Eugene P	Philadelphia
HAGERTY, MD, Fred D	York
HAGES, MD, Foster	Beaver
HAGG, MD, Sigrid A	Allegheny
HAGGE, MD, Maryhelen	Centre
HAGGERTY, MD, Robert W	Delaware
HAGGERTY, MD, Sally M	Northampton
HAGSTROM, MD, Ruth M	Philadelphia
HAHM, MD, Jee H	Philadelphia
HAHN, MD, Adam W	Allegheny
HAHN, MD, Jeannine R	Montgomery
HAHN, MD, Jonathan F	Union
HAHN, MD, Kon S	Lackawanna
HAHN, MD, Kurt R	Bradford
HAHN, MD, Richard M	Washington
HAIBACH, MD, Raymond A	Erie
HAIDET, MD, Keith R	Lebanon
HAIMOWITZ, MD, Daniel	Bucks
HAIMOWITZ, MD, Marcia D	Philadelphia
HAIMOWITZ, MD, Samuel I	Philadelphia
HAIN, MD, Howard L	Northampton
HAIRSTON JR, MD, John C	Allegheny
HAJI-DJAFARI, MD, Azizeh	Venango
HAKALA, MD, Thomas R	Allegheny
HAKAS, MD, Joseph F	Allegheny
HAKAS JR, JOSEPH F	Allegheny
HAKE, MD, Jean H	Dauphin
HAKKARINEN, MD, William D	Luzerne
HALBERT, MD, David R	Dauphin
HALE, MD, Edward H	Allegheny
HALE, J ERIC	Student
HALE, MD, Robert G	Montgomery
HALE, MD, Robert H	Bucks
HALE, MD, Thomas K	Schuylkill
HALE JR, MD, Raymond M	Adams
HALEN, MD, Robert J	Allegheny
HALL, MD, Daniel A	Philadelphia
HALL, MD, Edgar M	Chester
HALL, MD, I Macdonald	Montgomery
HALL, MD, Jack R	Crawford
HALL, MD, John H	Philadelphia
HALL, MD, Michael M	Allegheny
HALL, MD, Robert L	Centre
HALL, MD, Robert L	Delaware
HALL, MD, Virginia E	Dauphin
HALL, MD, William A	Allegheny
HALL II, MD, Robert F	Cumberland
HALL JR, MD, John H	Washington
HALLAHAN, MD, William F	Lebanon
HALLERMEIER JR, MD, Robert G	Delaware
HALLETT, MD, Joseph W	Philadelphia
HALLOCK, MD, Geoffrey	Lehigh
HALLOCK, MD, Margaret E	Dauphin
HALLOCK, MD, Richard H	Dauphin
HALLY, ROBERT J	Student
HALPERIN, MD, Meyer A	Monroe
HALPERN, MD, Allan C	Philadelphia
HALPERN, MD, Barry R	Philadelphia
HALPERN, MD, Barton L	Lancaster
HALPERN, MD, Janis S	Bucks
HAM, MD, James W	Venango
HAM, MD, Tong H	Mercer
HAMADANI, MD, Houshang G	Lehigh
HAMANN, MD, Jose G	Philadelphia
HAMATY, MD, Ronald M	Cambria
HAMBURG, MD, Allen E	Montgomery
HAMIDI, MD, Jafar A	Mckean
HAMILTON, MD, Angie S	Philadelphia
HAMILTON, MD, Geraldine E	Delaware
HAMILTON, JEFFREY W	Student
HAMILTON, MD, Morris R	Clinton
HAMILTON, MD, Ralph W	Philadelphia
HAMILTON, MD, Robert M	Allegheny
HAMILTON, MD, Robert W	Allegheny
HAMILTON, MD, Robert W	Dauphin
HAMILTON, MD, Wade T	Montour
HAMILTON, MD, William C	Philadelphia
HAMILTON, MD, William L	Philadelphia
HAMM, MD, Charles R	Allegheny
HAMM, MD, Glenn G	Venango
HAMM, MD, William G	Lycoming
HAMME, MD, Elmer G	York
HAMMETT, MD, James H	Adams
HAMMETT, DO, James N	Adams
HAMMOND, MD, Charles P	Lancaster
HAMMOND III, MD, N Leroy	Montgomery
HAMOY, MD, Alice G	Lycoming
HAMOY, MD, George L	Lycoming
HAMPEL, MD, Avraham	Philadelphia
HAMPSEY, MD, John A	Northampton
HAMPTON, MD, Janet A	Philadelphia
HAMPTON, MD, Louis J	York
HAMSHER, MD, James R	Dauphin
HAMZAVI, MD, Siamak	Lackawanna
HAN, MD, Dalsoo	Allegheny
HAN, MD, Samuel I	Butler
HAN, MD, Sum K	Allegheny
HAN, MD, Sun Tak	Lackawanna
HAN, MD, Yoong O	Allegheny
HANACHE, MD, Jeanne A	Chester
HANBY JR, MD, W Forwood E	Montgomery
HANCHETT, MD, James E	Allegheny
HANCOCK, MD, Reginald A	Allegheny
HAND, MD, Harold R	Adams
HAND, MD, Roy H	Montgomery
HANDAL, MD, John A	Dauphin
HANDELSMAN, MD, Oliver	Allegheny
HANDFORD, MD, H Allen	Dauphin
HANDLER, MD, Steven D	Philadelphia
HANES, MD, Kenneth F	Westmoreland
HANES, MD, Robert B	Delaware
HANGEN, MD, Norman M	Berks
HANHAUSEN JR, MD, Edward H	Montgomery
HANISEK, MD, William F	Northampton
HANJANI, MD, Parviz	Philadelphia
HANJURA, MD, Girdhari L	Berks
HANKEY, MD, John C	Allegheny
HANKS, MD, Gerald E	Philadelphia
HANLEY JR, MD, Edward N	Allegheny
HANLON, MD, James T	Allegheny
HANLON, MD, Paul A	Luzerne
HANLON, THOMAS W	Allegheny
HANMER, MD, Clark B	Venango
HANNA, MD, Dwight C	Allegheny
HANNA, MD, Ezzat A	Berks
HANNA, MD, Herbert L	Indiana
HANNA, MD, Raouf E	Lackawanna
HANNA, MD, Salah G	Westmoreland
HANNEKEN, MD, Jane R	Crawford
HANNUM, MD, Christopher F	Philadelphia
HANRAHAN, MD, James B	Allegheny
HANSEN, MD, Carl A	Bucks
HANSEN III, MD, Gerald J	Montgomery
HANSON, MD, Elbert L	Erie
HANSON, MD, Teresa S	Chester
HANSON JR, MD, C William	Philadelphia
HANSPAL, MD, Navjot S	Chester
HANZEL, MD, George D	Cambria
HAPPEL, MD, John L	Allegheny
HAPPEL JR, MD, John L	Allegheny
HARADA, MD, William A	Northampton
HARADIN, MD, Anthony R	Allegheny
HARASYM, MD, E Lawrence	Columbia
HARASYM, MD, Eugene D	Lackawanna
HARBACH, MD, Harrison F	Adams
HARBERGER, MD, James H	York
HARBISON, MD, Sean P	Philadelphia
HARDEE, MD, Kay Cuthbert	Montgomery
HARDEN III, MD, Wesley R	York
HARDESTY, MD, Robert L	Allegheny
HARDING, MD, Robert L	Dauphin
HARDING, MD, Susan M	Philadelphia
HARDISKY, MD, Joann M	Berks
HARDISON, MD, H Huntley	Philadelphia
HARDY, MD, Charles A	Bucks
HARDY, MD, Heidrun D	Erie
HARDY-FLUELLEN, MD, Judith M	Philadelphia
HARE, MD, Jeffrey D	Northampton
HARETOS, MD, John T	Allegheny
HARGLEROAD II, MD, John A	Centre
HARGRAVE, MD, Hugh J	Lancaster
HARGROVE III, MD, Walter C	Philadelphia
HARINSTEIN, MD, David A	Allegheny
HARKER EXEC SEC, MRS MARJORIE E	Blair

HARKINS, MD, Francis A	Chester
HARKINS, MD, Herbert P	Philadelphia
HARKNESS, MD, Michael J	Montgomery
HARLAN, MD, William K	Northampton
HARLEY, MD, Barbara M	Cambria
HARLEY, MD, John B	Cambria
HARLEY, MD, Robison D	Philadelphia
HARLIN, MD, Joyce A	Bucks
HARM JR, MD, Kenneth R	Dauphin
HARMANCI, MD, M Cem	Mifflin/Juni
HARMON, MD, Eli B	Montgomery
HARMON, MD, Sandra R	Montgomery
HARMON, THOMAS V	Allegheny
HARNISH, MD, David M	Lancaster
HARNUM, LISA	Student
HARP, MD, James R	Philadelphia
HARPER, MD, James G	Northampton
HARPER, MD, John B	Montgomery
HARPS, MD, James A	Monroe
HARRER, MD, Daniel C	Delaware
HARRER JR, MD, William J	Mercer
HARRIGER, MD, Clyde E	Cambria
HARRIGER, MD, Miles D	Lancaster
HARRING, MD, Maynard	Schuylkill
HARRINGTON, MD, Thomas M	Montour
HARRIS, MD, Barry C	Allegheny
HARRIS, MD, Brian W	Dauphin
HARRIS, MD, David T	Philadelphia
HARRIS, MD, Floyd L	York
HARRIS, MD, Harold J	Luzerne
HARRIS, MD, Howard Y	Luzerne
HARRIS, MD, James S	Philadelphia
HARRIS, MD, Katherine K	Philadelphia
HARRIS, MD, Kenneth H	Philadelphia
HARRIS, MD, Lawrence K	Berks
HARRIS, MD, Lovell	Philadelphia
HARRIS, MD, Max	Delaware
HARRIS, MD, Richard N	Allegheny
HARRIS, MD, Ronald D	Montour
HARRIS, MD, Ronald I	Luzerne
HARRIS, MD, Ronald T	Allegheny
HARRIS, MD, Stanley R	Lehigh
HARRISON, MD, Anthony M	Allegheny
HARRISON, MD, Bernard M	Bucks
HARRISON, MD, C Scott	Dauphin
HARRISON, MD, Cynthia	Lancaster
HARRISON, MD, Frank D	Westmoreland
HARRISON, MD, James L	Lycoming
HARRISON, MD, Patricia J	Fayette
HARRISON JR, MD, Joseph	Montgomery
HARROP, MD, Donald E	Chester
HARRY, MD, Harriet M	Centre
HARSHAW JR, MD, Edward	Delaware
HARSHMAN, MD, Mark W	Chester
HART, MD, Alex D	Northampton
HART, MD, George R	Lawrence
HART, MD, James C	Dauphin
HART, MD, Neil J	Allegheny
HART, MD, Philip L	Fayette
HART, DO, William J	Delaware
HARTFORD, MD, Charles E	Delaware
HARTLE, MD, John E	Bedford
HARTMAN, MD, Charles E	York
HARTMAN, MD, H King	Westmoreland
HARTMAN, MD, Owen W	Franklin
HARTMAN, MD, Roderic J	Allegheny
HARTMAN, DO, Stuart A	Lebanon
HARTMAN, MD, William F	Lancaster
HARTMAN II, MD, Samuel A	Lebanon
HARTNER, MD, W Bruce	Allegheny
HARTNETT, MD, Robert W	Cambria
HARTSOCK, MD, Robert J	Allegheny
HARTZ, MD, Leo M	Lycoming
HARTZ, MD, William H	Montgomery
HARTZELL, MD, David L	Cumberland
HARTZELL JR, MD, George W	Lehigh
HARVEY, MD, Edith E	Philadelphia
HARVEY, MD, Harold A	Dauphin
HARVEY, MD, James S	Centre
HARVEY, MD, Kenneth L	Lehigh
HARVEY, MD, William D	Clearfield
HARVEY, MD, William J	Allegheny
HARVEY JR, MD, Benson	Lebanon
HARWICK, MD, Jean C	Allegheny
HARWICK, MD, John D	Lehigh
HARWICK, MD, Robert D	Philadelphia
HASABNIS, MD, Suhas P	Blair
HASAN, MD, Mohammad A	Montgomery
HASBACH, MD, Thomas J	Allegheny
HASELHUHN, MD, Donald H	Dauphin
HASER, MD, Heywood A	Allegheny
HASHMI, MD, Majid A	Allegheny
HASIUK, MD, Aaron S	Bucks
HASKIN, MD, Marvin E	Philadelphia
HASKIN, MD, Myra R	Montgomery
HASLEY, MD, Stephen K	Allegheny
HASSAN, MD, Joseph R	Berks
HASSEL, MD, Jeffrey L	Berks
HASSEL JR, MD, Carl W	Lancaster
HASSELBACHER, MD, Frank X	Dauphin
HASSEN, MD, Irfan W	Blair
HASSINGER, MD, Kathryn K	York
HASSOURI, MD, Hassan	Allegheny
HASTINGS JR, MD, Leo J	Lehigh
HASZ, MD, Richard D	Dauphin
HATCHER, MD, Kim A	Indiana
HATCHER, MD, Ronald A	Dauphin
HATFIELD, MD, Charles R	Dauphin
HATLEBERG, MD, Steven L	Cumberland
HATTI, MD, Shivkumar S	Delaware
HATTON, MD, Duncan S	Delaware
HATTOUM, MD, Pittagore	Westmoreland
HAUBER, MD, Louis K	Armstrong
HAUCH, MD, James F	Warren
HAUER, MD, Marlin L	Lebanon
HAUGER, MD, Harold N	Westmoreland
HAUGER, MD, William D	Cambria
HAUK, MD, William L	Allegheny
HAUPT, MD, George J	Philadelphia
HAUPT, MD, Richard M	Delaware
HAUS, MD, William	Allegheny
HAUSER, MD, John R	Washington
HAUSER, MD, Norman	Montgomery
HAUSER, MD, Raymond J	Berks
HAUSMAN, MD, David H	Philadelphia
HAUT, MD, Michael J	Philadelphia
HAVENS JR, MD, Walter P	Philadelphia
HAVER, MD, Paul M	Beaver
HAVIVI, ABRAHAM	Student
HAVKO, FREDERICK C	Allegheny
HAVRILLA, MD, Thomas R	Allegheny
HAWK, MD, Brainard O	Allegheny
HAWK, MD, David L	York
HAWKE, MD, William	Berks
HAWKINS, MD, James G	Allegheny
HAWKINS, MD, Roger A	Mercer
HAWKINS, MD, Walter D	Dauphin
HAWLEY, MD, Richard C	Schuylkill
HAWN, MD, Margaret M	Dauphin
HAWRYLUK, JOSEPH M	Allegheny
HAY, MD, Harold S	Somerset
HAYASHI, MD, T Terry	Allegheny
HAYDEN, MD, James B	Huntingdon
HAYES, MD, Brian L	Philadelphia
HAYES, MD, James C	Allegheny
HAYES, MD, James D	Allegheny
HAYES, KEVIN P	Allegheny
HAYES, MD, Merrill B	Delaware
HAYES, MD, Warren H	Lycoming
HAYESLIP, MD, David W	Allegheny
HAYLLAR, MD, Benjamin L	Philadelphia
HAYMAN, MD, Harris R	Chester
HAYMAN, MD, Harry B	Bucks
HAYNICZ, MD, Peter	Monroe
HAYS, MD, E Blaine	Cumberland
HAYTHORNTHWAITE, MD, B Mary	Montgomery
HAYWARD, MD, Richard B	Montgomery
HAZLETT, MD, Jane	Luzerne
HAZLETT, MD, William H	Luzerne
HAZLETT JR, MD, Walter S	Westmoreland
HAZZOURI, MD, Michele A	Lackawanna
HEADLEY, MD, Chauncey R	Washington
HEAPS, MD, Kenneth P	York
HEASLEY, MD, Kenneth H	Venango
HEATH, MD, Erle M	Allegheny
HEATH, MD, Robert D	Montour
HEATON, MD, Vincent W	Blair
HEAZLETT, MD, William A	Allegheny
HEBERLING, MD, Thomas P	Lebanon
HEBRANK, MD, Gregory T	Fayette
HECHT, MD, Warren B	Montgomery
HECK, MD, Christopher C	Westmoreland
HECK, MD, Harry J	Allegheny
HECK III, MD, Harry J	Allegheny
HECKLER, MD, Frederick R	Allegheny
HECKLIN, MD, Oscar B	Philadelphia
HEDGES JR, MD, Thomas R	Philadelphia
HEDRICK, MD, G Winfield	Bucks
HEDRICK, MD, Thomas A	Cambria
HEEG, MD, Michael M	Bucks
HEERE, MD, Barbara A	Lycoming
HEFFERN, MD, James E	Lancaster
HEFFERNAN, MD, Andrew H	Lehigh
HEFFERNAN, MD, John M	Berks
HEFFLEY, MD, William M	Dauphin
HEFFLIN, MD, Charles M	Allegheny
HEGARTY, MD, Francis A	Allegheny
HEGARTY, JAMES D	Student
HEGARTY, JOHN P	Student
HEID, MD, Charles E	Union
HEIDARY, MD, Ghodratallah	Montgomery
HEIDENREICH, MD, Fred P	Allegheny
HEIDENREICH, MD, H Vincent	Allegheny
HEILIGMAN, MD, Nathan H	Lehigh
HEILMAN, MD, J Daniel	Allegheny
HEILMANN, MD, Timothy M	Lawrence
HEIM, MD, William J	Lackawanna
HEIMBACH, MD, George Z	Northampton
HEIMBACH, MD, James A	Blair
HEIMER, MD, Jeffrey L	Centre
HEINBACH, MD, Robert A	Northmbrland
HEINBACH, MD, Wilfred F	Berks
HEINBACH JR, MD, Robert A	Lycoming
HEINE, MD, William I	Philadelphia
HEINLE JR, MD, Edward W	Beaver
HEINLE JR, MD, Frederick J	Lancaster
HEINRICH, DORI	Student
HEIRD, MD, Steven B	York
HEISEY, MD, John C	Berks
HEISEY, MD, Robert G	Lebanon
HEISTAND, MD, Landis C	Schuylkill
HEISTERKAMP III, MD, Charles A	Lancaster
HELFER, MD, Elizabeth L	Philadelphia
HELFFRICH, MD, Richard S	Blair
HELFRICH, MD, David J	Allegheny
HELFRICH JR, MD, Harry M	Delaware
HELFRICK, MD, Marlin W	Mifflin/Juni
HELLER, MD, Alvin G	Philadelphia
HELLER, MD, Fredericka S M	Berks
HELLER, MD, Melvin S	Philadelphia
HELLERMAN, MD, Pamela E	Montour
HELM, MD, Robert C	Lancaster
HELM JR, MD, John D	Lancaster
HELMBOLD, MD, Theodore R	Allegheny
HELMICK, MD, Nathaniel D	Monroe
HELMICK, MD, Wayne W	Beaver
HELSING, MD, Walter J	Beaver
HELWIG JR, MD, John	Philadelphia
HELY, MD, Daniel P	Cumberland
HELZNER, MD, Eileen C	Bucks
HEMLER, MD, Paul M	Dauphin
HEMMERLY, MD, William C	Northampton
HEMPHILL, MD, Richard W	Allegheny
HENDERSON, MD, Ellsworth W	Erie
HENDERSON, DO, John M	Venango
HENDERSON, MD, K Wayne	Lycoming
HENDERSON, MD, Robert E	Lawrence
HENDERSON, MD, Rugh A	Dauphin
HENDERSON, MD, Theodore A	Montgomery
HENDERSON, MD, William H	Delaware
HENDLER, MD, Barry H	Philadelphia
HENDLER, MD, Howard M	York
HENDRICKS, MD, Robert T	Crawford
HENDRICKS JR, MD, Gilbert L	Centre
HENDRICKS JR, MD, William C	Erie
HENDRICKSON, MD, Donald C	Franklin
HENDRICKSON, MD, Frank O	Delaware
HENDRIE, DO, Donna M	Delaware
HENDRY, MD, Stanley G	Allegheny
HENNESSEY, MD, David H	Allegheny
HENNESSEY, MD, Joseph F	Montgomery
HENNESSEY, MD, Michael S	Mifflin/Juni
HENNESSY, DO, Michael P	Philadelphia
HENNIG JR, DO, Richard W	Lehigh
HENNIGAN, MD, John J	Lackawanna
HENNING III, MD, George F	Susquehanna
HENNINGER, MD, William H	Berks
HENNON, MD, Don L	Allegheny
HENRIQUES, MD, Errol D	Cambria
HENRIQUEZ, MD, Jack A	Lehigh
HENRIQUEZ, MD, Liliana C	Lehigh
HENRY, MD, Leland T	Armstrong
HENRY, MD, Stephen J	Delaware
HENRY, MD, Walter J	Mckean
HENRY JR, MD, Edgar S	Allegheny
HENRY JR, MD, Leland T	Allegheny
HENSLEY, MD, Frederick A	Dauphin
HEPLER, MD, Kevin M	Chester
HEPLER-SMITH, MD, Elizabeth	Allegheny
HEPLER-SMITH, MD, Michael	Allegheny
HEPNER JR, THOMAS A	Student
HEPPNER, MD, Richard L	Allegheny
HERALD, MD, Geoffrey R	Beaver
HERB, MD, Robert W	Allegheny
HERBERT, DO, Rex A	Dauphin
HERBERT, MD, Vicki L	Allegheny
HERBISON, MD, Gerald J	Philadelphia
HERBST, MD, Bernadette A	Philadelphia
HERBST, MD, Charles G	Erie
HERBST, MD, Vincent P	Lycoming
HERCEG, MD, Stephen J	Dauphin
HERGESHEIMER, MD, Lester H	Philadelphia
HERMAN, MD, Carl D	Philadelphia
HERMAN, MD, Dennis	Philadelphia
HERMAN, GREGORY E	Student
HERMAN, MD, Harold	Philadelphia
HERMAN, MD, James M	Dauphin
HERMAN, MD, Jay B	Allegheny
HERMAN, MD, Jerry H	Philadelphia
HERMAN, MD, Julius	Allegheny
HERMAN, MD, Marianne	Philadelphia
HERMAN, MD, Richard D	Northampton
HERMAN, MD, Roman K	Northampton
HERMAN, MD, Ronald J	York
HERMAN, RUTH F	Student
HERMAN, MD, Walter M	Philadelphia
HERMANN, MD, Christopher P	Bucks
HERMANOVICH JR, MD, John	Berks
HERMANSEN, MD, Bruce A	Allegheny
HERNANDEZ, MD, Wilbert E	Luzerne
HEROLD, MD, Sanford L	Philadelphia
HEROLD JR, MD, Creston C	Dauphin
HEROMIN, MD, Thomas J	Montour
HERR, MD, James D	Lancaster
HERRERA, MD, Anibal F	Delaware
HERRING, MD, Allen B	Philadelphia
HERRING, MD, Christina S	Philadelphia
HERRING, MD, Lynn B	Bucks
HERRING, MD, William	Philadelphia
HERRMANN, MD, William J	Luzerne
HERROLD, MD, Lewis C	York
HERROLD, MD, Warren C	York
HERRON, MD, Eugene W	Westmoreland
HERSCHAFT, MD, Richard J	Lancaster
HERSCHMANN, MD, Katharine	Philadelphia
HERSHENSON, MD, Lee M	Allegheny
HERSHEY, MD, Richard E	Allegheny
HERSHFIELD, MD, David H	Lackawanna
HERSHMAN, MD, Antoinette W	Fayette
HERSHOCK, MD, Bruce A	Westmoreland
HERSPERGER, MD, Webb S	Cumberland
HERTZ, MD, Barry C	Chester
HERTZ, MD, Charles S	Lehigh
HERTZ, MD, Jonathan	Lehigh
HERTZLER JR, MD, John V	Cumberland
HERTZOG, MD, Francis J	Allegheny
HERTZOG, MD, James E	Allegheny
HERZEL JR, MD, Frank B	Dauphin
HERZOG, MD, Robert S	Philadelphia
HESBACHER, MD, Edwin N	Montour
HESKEL, MD, Milton M	Philadelphia
HESS, MD, Edward R	Tioga
HESS, MD, Floyd M	Northampton
HESS, MD, Ivan W	Montgomery
HESS, MD, J Clair	Lancaster
HESS, MD, Joseph B	Lancaster
HESS, MD, Steven G	Philadelphia
HESS JR, MD, Grant E	Washington
HETHERINGTON, MD, Arthur F	Allegheny
HETRICK, MD, William D	Allegheny
HETZLER, MD, Norman A	Beaver
HEUERMANN, MD, Robert P	Schuylkill
HEWIE, MD, S P	Indiana
HEWLETT, MD, John O	Dauphin
HEWSON, MD, William C	Chester
HEY JR, MD, E Berry	Berks
HEYDT, MD, Stuart	Luzerne
HEYDT JR, MD, Ernest H	Montgomery
HEYL, MD, Louis W	Allegheny
HEYL, MD, W Meredith	Philadelphia
HEYL JR, MD, Frank E	Allegheny
HEYMACH III, MD, George J	Allegheny
HEYMAN, MD, David Coleman	Lycoming
HEYWOOD, MD, Susan E	Centre
HIBBARD, MD, Alanson O	Crawford
HIBELL EXEC SEC, BARBARA	Clarion
HICKEY, MD, Andrew E	York
HICKEY JR, MD, Daniel	Montgomery
HICKS, MD, Gregory D	Erie
HICKS, MD, James T	Clearfield
HIDALGO, MD, Horacio A	Bucks
HIEHLE, MD, John F	Berks
HIEMENZ, MD, Donald W	Monroe
HIGGINS, MD, David E	Blair
HIGGINS, DO, Kenneth R	York
HIGH, MD, Bertrand J	Berks
HIGMAN, MD, Henry B	Allegheny
HIJAZI, MD, Saadeddine A	Lackawanna
HILAL, MD, Elias Y	Allegheny
HILBERG, MD, Robert W	Allegheny
HILEMAN, MD, James D	Erie
HILES, MD, David A	Allegheny
HILGER, JEFFREY S	Allegheny
HILL, MD, Daniel E	Lycoming
HILL, MD, E Merton	Lehigh
HILL, MD, Edward	Cambria
HILL, MD, John B	Allegheny
HILL, MD, Robert J	Blair
HILL, MD, Walter C	York
HILL, MD, William R	Jefferson
HILL JR, MD, Robert G	Northampton
HILLEMEIR, MD, Herbert	Blair
HILLER JR, MD, Walter W	Allegheny
HILLIKER, MD, Jan K	Union
HILLWIG, ROBERT J	Allegheny
HILLYER, MD, Peter N	Chester
HILTON, MD, Alexander E	Allegheny
HIMELFARB, MD, Hillard M	Franklin
HIMES, DO, Rand S	Allegheny
HIMES JR, MD, Ralph F	Blair
HIMMELSTEIN, MD, Eugene	Delaware
HIMMELSTEIN, MD, Fred R	Berks
HIMOT, MD, Linda J	Allegheny
HINCHBERGER, MD, Paul A	Butler
HINCHLIFFE, MD, Joseph G	Allegheny
HINEMAN, MD, Marquis W	Beaver
HINES, MD, Joseph H	Erie
HINES, MD, Roderick E	Lancaster
HINKENS, MD, George F	Allegheny
HINRICHS, MD, Thomas F	Berks
HINSMAN JR, MD, John A	Bradford
HINTON, MD, Drury	Delaware
HIPOLITO, MD, Aurora T	Clearfield
HIPOLITO JR, MD, Emmanuel F	Lackawanna
HIPP, MD, Thomas J	Bucks
HIPPERT, DO, Robert K	Berks
HIPPLE, MD, Randall F	Lycoming
HIPPS, MD, John G	Clarion
HIRSCH, MD, Barry E	Allegheny
HIRSCH, MD, Bernard	Beaver
HIRSCH, MD, Glenn M	Lebanon
HIRSCH, MD, Irvin H	Philadelphia
HIRSCH, MD, Stanley A	Allegheny
HIRSCH, MD, Stuart D	Allegheny
HIRSCH, MD, Stuart E	Bucks
HIRSCH, MD, William P	Cambria
HIRSH, MD, Bernard C	Philadelphia
HIRSH, MD, Leonard F	Delaware
HIRSH, MD, Paul D	Berks
HIRSH, MD, S Jay	Delaware
HIRSH, MD, Steven L	Philadelphia
HIRSHBERG, DO, Louis H	Montgomery
HISRICH, MD, Glenn D	Washington
HITCHCOCK, MD, John	Allegheny
HITCHNER, MD, Lewis C	Delaware
HITTEL, MD, Glenn P	Lancaster
HLAVAC, MD, Cheryl A	Luzerne
HNELESKI JR, MD, Ignatius S	Chester
HO, MD, Monto	Allegheny
HO, MD, Raymond C	Erie
HO, MD, Sze-Key	Erie
HO, MD, Yee C	Allegheny
HOAGLAND, MD, Guy D	Cumberland
HOANG, MD, Tuan A	Philadelphia
HOBART, MD, John H	Northampton
HOBBS, MD, Joseph H	Schuylkill
HOBBS, MD, Robert E	Schuylkill
HOBBS, MD, Thomas R	Dauphin

HOBERMAN, MD, Edward Clinton
HOBERMAN, MD, Maury Chester
HOBSON, MD, Scott R Washington
HOCH, MD, Bradley R Adams
HOCH, MD, Carl W Allegheny
HOCH, MD, John J Northampton
HOCH, MARK L Allegheny
HOCHBERG, MD, Robert D Philadelphia
HOCHMAN, MD, Rodney F Bradford
HODES, MD, Philip J Philadelphia
HODGE, MD, Arthur J Dauphin
HODGE, MD, Ian G Lancaster
HODGENS, MD, Helen L Philadelphia
HODGES, MD, Allen R Allegheny
HODGES, MD, John H Philadelphia
HODGSON, MD, John P Allegheny
HOEGER, WILLIAM J Allegheny
HOERNER, MD, George H York
HOERNER, MD, Oscar G Cumberland
HOERNER, MD, Ralph W Philadelphia
HOFFER, MD, Richard S Montour
HOFFMAN, MD, Arthur D Lehigh
HOFFMAN, MD, Bruce I Philadelphia
HOFFMAN, MD, Carl J Montgomery
HOFFMAN, MD, Chauncey Cambria
HOFFMAN, DANIEL M Allegheny
HOFFMAN, MD, David A Berks
HOFFMAN, MD, David J York
HOFFMAN, MD, Franklin D Allegheny
HOFFMAN, MD, Gilbert M Northampton
HOFFMAN, MD, Holly C Cumberland
HOFFMAN, MD, Howard L Franklin
HOFFMAN, MD, J David Philadelphia
HOFFMAN, MD, J Lynn Cumberland
HOFFMAN, MD, James P Montgomery
HOFFMAN, MD, John E Northampton
HOFFMAN, DO, Marc E Allegheny
HOFFMAN, MD, Neil A Berks
HOFFMAN, MD, Richard R Lebanon
HOFFMAN, MD, Richard R Lebanon
HOFFMAN, MD, Salee L Blair
HOFFMAN, MD, William J Westmoreland
HOFFMAN, MD, William W Lehigh
HOFFMAN JR, MD, Charles Allegheny
HOFFMAN JR, MD, George L Philadelphia
HOFFMAN JR, MD, Nicholas F Philadelphia
HOFFMANN, MD, Ursula M Lehigh
HOFFMASTER, MD, Alfred L Lawrence
HOFFMEIER, MD, Charles L Philadelphia
HOFMAN, MD, Walter I Montgomery
HOFMANN, MD, James W York
HOFMANN, JO L Student
HOFSTETTER, MD, Alexander M Allegheny
HOFSTETTER, MD, Mark Allegheny
HOFSTROM, MD, Glen T Lycoming
HOGG, MD, Susan M Lancaster
HOHING, MD, Charles C Allegheny
HOHMANN, MD, Thomas C Allegheny
HOKE JR, MD, Hugh H Lancaster
HOLCOMBE JR, MD, Guy T Chester
HOLDER, MD, Arthur J Lancaster
HOLENCIK, DO, Mark P Dauphin
HOLETS, MD, John A Washington
HOLFELNER, MD, Edward D Philadelphia
HOLGADO, MD, Edgardo B Philadelphia
HOLGADO, MD, Priscila C Delaware
HOLL, MD, Paul F Allegheny
HOLLA, MD, P Shripathi Lackawanna
HOLLAND, MD, Baxter C Philadelphia
HOLLAND, MD, Clarence A Lehigh
HOLLAND, MD, Edward F York
HOLLAND, MD, Mark P Schuylkill
HOLLAND, MD, Philip B Allegheny
HOLLAND, MD, Sanford J Lackawanna
HOLLAND JR, MD, Clarence A Lehigh
HOLLAND JR, MD, William T Crawford
HOLLANDER, MD, Bentley A Philadelphia
HOLLANDER, MD, George Philadelphia
HOLLANDER, MD, Irwin J Bucks
HOLLANDER, MD, Joseph L Philadelphia
HOLLEN, MD, Robert A Cumberland
HOLLENBAUGH, MD, Fonda Allegheny
HOLLERAN, MD, Bernard L Luzerne
HOLLERMAN, MD, Charles E Allegheny
HOLLIMAN, MD, Cecil J Berks
HOLM, MD, Eric K Berks
HOLM, MD, William W Montgomery
HOLMAN, MD, Ingrid A Allegheny
HOLMBERG, MD, Donald E Montgomery
HOLMES, MD, C Jeffrey Allegheny
HOLMES, MD, John J Lackawanna
HOLMES, LYNETTE Allegheny
HOLMES, MD, Robert B Venango
HOLMES, MD, William F Montgomery
HOLMS, DO, Barry C Delaware
HOLROYDE, MD, Christopher P Philadelphia
HOLSINGER, DAVID F Allegheny
HOLST, MD, Hazel I Delaware
HOLST, MD, Robert A Westmoreland
HOLSTEIN, MD, James J Delaware
HOLT, MD, Allen H Mercer
HOLT, DANIEL L Student
HOLTON, MD, James J Philadelphia
HOLTZMAN, MD, Henry B Bucks
HOLZINGER, MD, Elmer J Allegheny
HONEBRINK, MD, Ann L Philadelphia
HONG, MD, Keumsoon Philadelphia
HONG, MD, Soo W Lycoming
HONG, MD, Sung H Beaver
HONG, MD, Sunwha Philadelphia
HONGBARCO, MD, Pablo Allegheny
HONIGMAN, MD, Frederic H Philadelphia
HOOBLER, MD, James L Chester
HOOD, MD, Henry L Montour
HOOKER, MARYANN D Student
HOON, MD, William L Allegheny
HOOTMAN, MD, Barry D Butler
HOOTMAN, MD, J Kenneth Allegheny
HOOVER, MD, Alan D Allegheny
HOOVER, MD, Carl H Lancaster
HOOVER, MD, Dean S York
HOOVER, MD, Philip A York
HOOVER, ROBERT J Student
HOOVER, MD, Walter W Allegheny
HOOVER II, MD, Benjamin A York
HOOVLER, MD, Philip W Blair
HOPKINS, MD, F Thomas Montgomery
HOPKINS, JOHN E Student
HOPKINS, MD, Robert G Lancaster
HOPKINSON III, MD, John H Montgomery
HOPPER, MD, Bruce D Montgomery
HORAN, MD, Charles A Philadelphia
HORAN, MD, Gerald W Philadelphia
HORCHAK, MD, Alex M Beaver
HORENSTEIN, DO, Mitchell Philadelphia
HORMAN, MD, Marc J Montgomery
HORMOZDI, MD, Fraydoon Beaver
HORN, DO, Abraham S Philadelphia
HORN, MD, Lawrence J Philadelphia
HORN, MD, Richard H Allegheny
HORN, MD, William A Montgomery
HORN III, MD, Frank W York
HORNE, MD, Lloyd M Allegheny
HORNER, MD, Barbara A Cambria
HORNER, MD, George J Philadelphia
HORNER JR, MD, Daniel W Montgomery
HORNER JR, MD, Frank S Allegheny
HORNIG-ROHAN, JAMES E Student
HORNIG-ROHAN, MADY Student
HOROWITZ, MD, Debra L Allegheny
HOROWITZ, MD, Elisabeth W S Philadelphia
HOROWITZ, DO, Gary R Philadelphia
HOROWITZ, JOEL Allegheny
HOROWITZ, MD, Leonard N Philadelphia
HORROW, MD, Jan C Philadelphia
HORSLEY, MD, James I Allegheny
HORST, MD, Elmer L Berks
HORSTMAN, ROSEMARY Student
HORVAT, MD, John F Lehigh
HORVATH, MD, David A Allegheny
HORVATH, MD, Ronald J Montgomery
HORWIN, MD, Samuel Cambria
HORWITZ, MD, Milton R Bucks
HORWITZ, MD, Orville Philadelphia
HOSFELD, MD, S Marjorie Chester
HOSPODAR, MARK E Allegheny
HOSSAIN, MD, Ayesha Westmoreland
HOST, MD, William R Wyoming
HOSTEN, MD, Edward B Philadelphia
HOSTETTER, MD, Abram M Lebanon
HOTMER, DIANNE A Student
HOTTENSTEIN, MD, Daniel W Dauphin
HOTTENSTEIN, MD, Esther Dauphin
HOTTENSTEIN, MD, Jonathan E Allegheny
HOU, MD, Ching W Erie
HOUCK JR, MD, John R Dauphin
HOUGAARD, MD, John P Bucks
HOUGH, MD, Rodney K Cumberland
HOUIDES, MD, Athanasios C Lehigh
HOUK, MD, Russell R Luzerne
HOULE, MD, Laurent B Philadelphia
HOUSE, MD, Benjamin Philadelphia
HOUSEL, MD, Edmund L Philadelphia
HOUSER, MD, Benjamin P Carbon
HOUSER, MD, James J Venango
HOUSHMAND, MD, Cyrus Carbon
HOUSMAN, MD, John H Lancaster
HOUSTON, MD, James L Westmoreland
HOUSTON, MD, John B Montour
HOUSTON, MD, R Ross Lawrence
HOUSTON JR, MD, Robert R Lawrence
HOWANITZ, MD, Emil P Luzerne
HOWARD, MD, Lawrence J Lackawanna
HOWARD, MD, Thomas K York
HOWE, MD, Barbara J Philadelphia
HOWE, MD, Francis R C Dauphin
HOWE, MD, J Dale Northampton
HOWELL, MD, John T Bucks
HOWELL, MD, Mary P Dauphin
HOWELL, THOMAS M Student
HOWER, MD, Robert D Allegheny
HOWLAND, MD, Robert H Allegheny
HOYER, MD, Paul J Philadelphia
HOYLE, MD, J Preston Union
HOYSON, MD, Gregory M Allegheny
HOYT, MD, Ralph C Berks
HRABOVSKY, SHARON L Allegheny
HRINDA, MD, John G Erie
HRYSHKO, MD, Frank G Allegheny
HSIEH, MD, Yehchiu Delaware
HSU, MD, Shien S Washington
HU, MD, Kang-Ning Allegheny
HU, MD, Wei-Tzer Schuylkill
HUANG, MD, Chau Fe Lackawanna
HUANG, JULIAN C Allegheny
HUANG, MD, Jung T Luzerne
HUBBARD, MD, Charles C Fayette
HUBBARD, MD, John P Philadelphia
HUBER, MD, David S Allegheny
HUBER, MD, Donald J Allegheny
HUBER, MD, William B Allegheny
HUBSHER, MD, Jay W Philadelphia
HUDAK, MD, Mary J Delaware
HUDIS, MD, Clifford A Philadelphia
HUDOCK JR, MD, George E Luzerne
HUDSON, MD, Howard L Erie
HUDSON, MARY P Student
HUDSON JR, MD, Howard E Lehigh
HUDZINSKI, MD, Lori D Beaver
HUDZINSKI, MD, Martin Franklin
HUEN, MD, Lai-Har L Philadelphia
HUFF, MD, Denise Delaware
HUFFER, MD, Donald H York
HUFFMAN, MD, Pamela A Philadelphia
HUFFNAGLE, MD, Henry W Lancaster
HUGHES, MD, Boland Philadelphia
HUGHES, MD, David C Indiana
HUGHES, MD, David P Lancaster
HUGHES, MD, Eugene P Philadelphia
HUGHES, MD, George V Allegheny
HUGHES, MD, Howard G Montour
HUGHES, MD, James M Allegheny
HUGHES, MD, Joseph P Washington
HUGHES, MD, Patrick H Allegheny
HUGHES, MD, Paul J Luzerne
HUGHES, MD, William M Westmoreland
HUGHES JR, MD, Eugene P Philadelphia
HUGHEY, MD, James R Washington
HUGO, MARYANNE Allegheny
HULBERT, DAVID S Student
HULL, MD, Ben L Blair
HULLEY JR, MD, William C Allegheny
HULNICK, MD, Stuart J Philadelphia
HULTMAN, CHARLES S Allegheny
HUME, MD, Eric L Philadelphia
HUME, MD, John M Dauphin
HUMES, MD, Alexander B Allegheny
HUMMER JR, MD, Charles D Delaware
HUMPHREY, DO, James A Clarion
HUMPHREYS, MD, Earl A Allegheny
HUMPHRIES, MD, Thomas J Philadelphia
HUNDLEY, MD, J Warren Philadelphia
HUNSBERGER, MD, Charles L Cambria
HUNSBERGER, MD, Joseph L Montgomery
HUNSICKER, MD, Llewellyn W Monroe
HUNSICKER, MD, Robert C Northampton
HUNT, MD, Eugene H Bucks
HUNT, MD, Josiah A York
HUNT, MD, Patrick J Philadelphia
HUNT, MD, Robert E Butler
HUNT, MD, William D L Lancaster
HUNT, MD, William R Allegheny
HUNT JR, MD, William T Philadelphia
HUNTER, MD, Carol A Lehigh
HUNTER, MD, Doris M Allegheny
HUNTER, MD, George R Westmoreland
HUNTER, MD, James M Philadelphia
HUNTER, MD, John S Berks
HUNTER, MD, Marvin T Bucks
HUNTER, MD, Robert G Columbia
HUNTER, MD, Robert J Centre
HUNTINGTON, CHRISTOPHER F Student
HUNTLEY, MD, Arthur C Montgomery
HUNTLY, MD, Michael R Bradford
HUOT, MD, David A Allegheny
HUR, MD, Gham Chester
HUREWITZ, MD, Sylvan J Philadelphia
HURITE, MD, Francis G Allegheny
HURLEY, MD, Harry J Delaware
HURLEY, MD, John N Philadelphia
HURLOCK, MD, Joan E Philadelphia
HURSH, DALE K Student
HURST, MD, John W Blair
HURST, MD, Kenneth L Lycoming
HURT, MD, Allen V York
HURTADO, SANDRA M Student
HURWITZ, DO, Charles Philadelphia
HURWITZ, MD, Dennis J Allegheny
HURWITZ, MD, Larry E Allegheny
HUSAIN, MD, Zahid Luzerne
HUSAINI, MD, Syed N Allegheny
HUSHION, MD, William F Delaware
HUSSAINI, MD, Syed R Allegheny
HUST, MD, Frederick S Butler
HUSTON, MD, Charles C Clarion
HUSTON III, MD, Charles C Venango
HUTCHINGS, MD, Diana M Bucks
HUTCHINSON, MD, Thomas A Lehigh
HUTCHINSON, WILLIAM S Allegheny
HUTCHINSON III, DO, Harry J Chester
HUTCHISON, MD, James C Montgomery
HUTH, MD, Edward J Philadelphia
HUTT, MD, Gordon H Lancaster
HUTTON, MD, John E York
HUWE JR, JOSEPH E Allegheny
HUXSTER, MD, Robert H Chester
HWAN, MD, Jung J Lackawanna
HYANS, MD, Peter Philadelphia
HYATT, MD, Floyd R Erie
HYATT, MD, Glenn A Montgomery
HYATT, MD, Robert W Philadelphia
HYDE, MD, Bruce I Allegheny
HYDOVITZ, MD, Jerrold D Allegheny
HYETT, MD, Marvin R Philadelphia
HYKEL-MALONE, MD, Nancy C Delaware
HYKES, MD, James I Montgomery
HYLBERT JR, MD, Kenneth W Centre
HYLEK, ELAINE M Allegheny
HYLTON, MD, Casimer Philadelphia
HYMAN, MD, David S Northampton
HYMAN, MD, Harold L Philadelphia
HYMAN, MD, Herbert L Lehigh
HYMAN, MD, Paul R Cambria
HYNES, MD, Elizabeth T York
HYZINSKI, MD, Martin B Lackawanna

I

IALEGGIO, MD, John J Northampton
IAMS, MD, William B Dauphin
IANCU, MD, Albert L Allegheny
IANNAMORELLI, MD, Anthony S Fayette
IANNUZZI, MD, C Charles Allegheny
IBANEZ, MD, Melchisedec Mckean
IBARS, MD, George C Philadelphia
IBRAHIM, MD, Fouad S Erie
ICHIKAWA, MD, Diane C L Allegheny
ICHTER, MD, Jon R Lancaster
ICHTER, MD, Joseph T Dauphin
ICKLER, MD, John L Montgomery
ICLI, MD, Nadir Westmoreland
IDDENDEN, MD, David A Philadelphia
IDICULLA, MD, Anne A Philadelphia
IDREES, MD, Muhammad Allegheny
IDUCOVICH, MD, Nicholas Westmoreland
IGLESIAS, MD, Manuel Lancaster
IGNACIO JR, MD, Glicerio V Cambria
IGNATIUS, MD, Paul F Warren
ILKHANIPOUR, MD, Cyrus Allegheny
ILKHANIPOUR, VALEH Allegheny
ILLINGWORTH, DO, William A Bedford
ILSON, MD, Bernard E Philadelphia
ILYAS, MD, Mohammad Allegheny
IMAIZUMI, MD, Shotaro Delaware
IMBER, MD, Irving Berks
IMBRIE, MD, David E Butler
IMBRIGLIA, MD, Joseph E Luzerne
IMBRIGLIA JR, MD, Joseph E Allegheny
IMBROGNO, MD, Michael S Susquehanna
IMPERATO, MD, Pascal J Chester
IMPERIALE, MD, Salvatore M Luzerne
IMPINK, MD, Robert R Berks
INCORVATI, DO, Robert L Allegheny
INDECK, MD, Matthew C Montour
INDORATO, MD, Leroy S Allegheny
INGAGLIO, MD, Philip E Philadelphia
INGERMAN, MD, Mark J Philadelphia
INGERSOLL, MD, Charles J Philadelphia
INGRAM, MD, David N Washington
INGRAM, MD, Michael D Allegheny
INGUI, MD, John Philadelphia
INNERS, MD, Charles R Dauphin
INNIS, MD, Patricia A Berks
INOUYE, LISA S Allegheny
INSLEY JR, MD, Marion C Dauphin
INTRIERI, PETER M Allegheny
IOZZI, MD, Louis Delaware
IRACKI, MD, Daniel A Allegheny
IRANI, MD, Mahakhurshid Northampton
IRANI, MD, Mahatab Northampton
IRANI, MD, Roshen N Philadelphia
IRBY, MD, Susan K Allegheny
IREY JR, MD, Philip M Columbia
IRWIN JR, MD, Glenn E Mckean
ISAACS, MD, Charles T Dauphin
ISAACS, MD, Gilbert H Allegheny
ISAACSON, MD, Howard Philadelphia
ISAACSON, MD, Stanford Allegheny
ISAKOV, MD, Asparuh D Lackawanna
ISARD, MD, Harold J Philadelphia
ISARIYAWONGSE, MD, Prakorb Fayette
ISDANER, MD, Neil L Philadelphia
ISENBERG, MD, Chester L Huntingdon
ISHLER, MD, H Richard Centre
ISIDRO, MD, Eugenio G Lawrence
ISLAMOFF, MD, Igor I Cambria
ISMAIL-BEIGI, MD, Farhad Allegheny
ISRAEL, BARBARA A Allegheny
ISRAEL, MD, Harold L Philadelphia
ISRAEL, MD, Michael Allegheny
ISRAEL, MD, Robert H Warren
ITKIN, MD, Irving H Philadelphia
ITSKOWITZ, MD, Alan L Allegheny
ITZKOFF, MD, Jerome M Allegheny
IVINS, MD, J Leonard Delaware
IVINS, MD, Joseph L Delaware
IVINS, MD, Samuel P Delaware
IVINS, MD, Seth L Delaware
IVKER, MD, Milton Philadelphia
IZZO, MD, Domenic C Berks
IZZO, MD, Kenneth L Philadelphia
IZZO, MARK R Student

J

JABLIN, MD, Peter M Franklin
JABLON, MD, Norman C Montgomery
JABLONSKI, MD, Richard R Allegheny
JABLONSKY, MD, Albert Westmoreland
JABOURIAN, MD, Zaven H Philadelphia
JABRE, MD, Anthony Allegheny
JACKLINE JR, MD, Joseph J Allegheny
JACKSON, MD, Frank W Dauphin
JACKSON, MD, Jay R York
JACKSON, MD, Mark A Lancaster
JACKSON, MD, Paul W Delaware
JACKSON, MD, T Scott Berks

JACOB, MD, Leonard S	Philadelphia
JACOB, MD, W Lindsay	Allegheny
JACOB JR, MD, Herbert E	Allegheny
JACOBELLI, MD, Michael C	Bucks
JACOBIUS, MD, Henry F	Northampton
JACOBS, MD, Clyde H	Northmbrland
JACOBS, MD, David	Allegheny
JACOBS, MD, Francis	Chester
JACOBS, MD, George A J	Allegheny
JACOBS, MD, Irvin	Luzerne
JACOBS, MD, John B	Montgomery
JACOBS, MD, Joseph A	Philadelphia
JACOBS, MD, Kenneth M	Lackawanna
JACOBS, MD, Mark	Delaware
JACOBS, MD, Mark I	Allegheny
JACOBS, MD, Richard P	Allegheny
JACOBS, MD, Robert P	Philadelphia
JACOBS, MD, Robert V	Somerset
JACOBS, MD, Samuel A	Allegheny
JACOBS, MD, Stanley R	Philadelphia
JACOBSON, MD, Horace H	Bradford
JACOBSON, MD, Louise	Lackawanna
JACOBSON, DO, Mark	Dauphin
JACOBSON, MD, Martin A	Berks
JACOBSTEIN, MD, Jerome G	Philadelphia
JACOBY, MD, Jay	Philadelphia
JACOBY, MD, Richard A	Philadelphia
JACQUES, MD, Charles H	Lycoming
JACQUES, MD, George A	Allegheny
JAEGER, MD, Edward A	Delaware
JAEGER, MD, Robert M	Lehigh
JAEGER, MD, Scott H	Philadelphia
JAFAR, MD, Mohammad A	Philadelphia
JAFARI, MD, Nercy	Lehigh
JAFFARI, MD, Mohammed A	Philadelphia
JAFFE, MD, Beryl	Philadelphia
JAFFE, MD, John S	Lehigh
JAFFE, MD, Louis	Montgomery
JAFFE, MD, Marvin E	Philadelphia
JAFFE, MD, Ronald	Allegheny
JAFFE, MD, Seymour S	Warren
JAFFE, MD, Stephen C	Philadelphia
JAGEMAN, MD, James R	Erie
JAGEMAN, MD, John C	Erie
JAHDI, MD, Nasrollah	Allegheny
JAHNLE, MD, Richard L	Delaware
JAHRE, MD, Jeffrey A	Northampton
JAHROMI, MD, Heidar K	Chester
JAIN, MD, Dilip M	Dauphin
JAKAB, MD, Irene	Allegheny
JAKUBEK, MD, Donald J	Westmoreland
JAKYMEC, MD, Andres J	Butler
JALALI, MD, Shailen	Philadelphia
JALBUENA, MD, Robert C	Delaware
JAMA, DO, Robert H	Lackawanna
JAMALI, MD, Anmar A	Delaware
JAMES, DO, Edward E	Allegheny
JAMES, MD, Frank S	Philadelphia
JAMES, MD, Geoffrey M	Dauphin
JAMES, MD, Russell E	Luzerne
JAMESON, MD, E Carleton	Lancaster
JAMIL, MD, Qazi A	Mckean
JAMSHIDI, MD, Javad	Beaver
JAN, MD, Rehana A	Philadelphia
JAN, MD, Ronald S	Philadelphia
JAN, MD, Tayyaba S	Lackawanna
JANA, MD, Barid B	Westmoreland
JANAKIRAMAN, MD, Vijyayara G	Blair
JANARDHANAN, MD, Ravi	Allegheny
JANECKA, MD, Ivo P	Allegheny
JANERICH, MD, Albert D	Luzerne
JANEWAY, MD, Timothy	Allegheny
JANG, MD, Jang-Huei	Luzerne
JANIAK, DO, Daniel D	Allegheny
JANICIJEVIC, MD, Milena	Allegheny
JANICIJEVIC, MD, Nenad	Allegheny
JANJIGIAN, MD, Edward R	Luzerne
JANNELLI, MD, Angela F	Bucks
JANNETTA, CAROL M	Allegheny
JANNETTA, MD, Peter J	Allegheny
JANOFF, MD, Barry A	Allegheny
JANOSKO, MD, Rudolph E	Allegheny
JANOWITZ, MICHAEL J	Allegheny
JANSON, MD, Russell R	Dauphin
JANZER, MD, Sean F	Philadelphia
JAQUISS, MD, G William	Allegheny
JARIWALA, MD, Leticia Q	Allegheny
JARMAN, MD, Martha L	Bucks
JARMOLOWSKI, MD, Chester R	Allegheny
JAROWENKO, MD, Mark V	Dauphin
JARRELL, MD, Bruce E	Philadelphia
JARRETT, MD, Fredric	Allegheny
JARRETT, MD, Patricia J	Allegheny
JARVIS, MD, F Wayne	Philadelphia
JARYMOVYCH, MD, Jaroslaw I	Philadelphia
JAURIGUE, MD, Venerando G	Philadelphia
JAVAN, MD, Mehdi B	Westmoreland
JAVIAN JR, MD, Thomas A	Bucks
JAVITT, MD, Marcia C	Philadelphia
JAWAD, MD, Basil S	Chester
JAXHEIMER, MD, Eric C	Berks
JAY JR, MD, W Thomas	Berks
JAYAKUMAR, MD, Subramoniam	Washington
JAYAPRAKASH, MD, Srinivasa K	Elk/Cameron
JEFFERIES III, MD, George E	Dauphin
JEFFERIS, MD, Earl S	Lehigh
JEFFERS, MD, John B	Philadelphia
JEFFREY, MD, Mary E	Philadelphia
JEFFREYS, MD, William H	Montour
JEFFRIES, MD, C Stephen	Beaver
JEFFRIES, MD, Graham H	Dauphin
JELEN, MD, Joseph A	Philadelphia
JENCKES III, MD, George A	Berks
JENCO, DO, Vincent L	Erie
JENKIN, BRENDA K	Student
JENKINS, MD, B Wheeler	Philadelphia
JENKINS, MD, Benjamin C	Blair
JENKINS, MD, Jay L	Erie
JENKINS, MD, Timothy F	Delaware
JENKINS, WILLIAM A	Allegheny
JENKINS JR, MD, Robert J	Allegheny
JENKS, MD, John S	Philadelphia
JENNEY, MD, Florence S	Butler
JENNINGS, MD, David T	Lycoming
JENOFSKY, MD, Jack	Philadelphia
JENS, MD, Kurtis D	Lancaster
JEROME, JULIE A	Allegheny
JESSAR, MD, Ralph A	Philadelphia
JETTER, MD, Walter W	Westmoreland
JETTI, MD, Krishna P	Allegheny
JEW JR, MD, Edward W	Allegheny
JEWELL, MD, Melanie	Philadelphia
JEWELL JR, MD, James H	Berks
JEWETT, MD, Stephen R	Lackawanna
JEYARAJ, MD, Francis	Montgomery
JHO, MD, Hae Dong	Allegheny
JIAN, MD, Parviz	Allegheny
JIMERSON, MD, Cedric C	Berks
JIN, MD, Byunghak	Fayette
JIRKA, MD, John H	Lancaster
JIUNTA, DO, James M	Luzerne
JOCHNOWITZ, MD, Michael J	Montgomery
JOEBSTL, MD, Barbara C	Philadelphia
JOGLEKAR, MD, Kanchan S	Jefferson
JOGLEKAR, MD, Shirish S	Jefferson
JOHAN, MD, Morton	Allegheny
JOHN, MD, Chad E	Allegheny
JOHN, MD, Lawrence R	Allegheny
JOHN, MD, Martha D	Allegheny
JOHN EXEC DIR, PAUL P	Lycoming
JOHNS, MD, Barbara A	Montour
JOHNS, MD, Christopher M	Allegheny
JOHNS, MD, Milton W	Lancaster
JOHNS IV, MD, Walter S	Erie
JOHNSON, MD, Alfred T	Berks
JOHNSON, MD, Bernett L	Philadelphia
JOHNSON, MD, Bruce R	Venango
JOHNSON, MD, Carl G	Lancaster
JOHNSON, MD, Charles F	Lehigh
JOHNSON, MD, Charles L	Philadelphia
JOHNSON, MD, Cherie J	Philadelphia
JOHNSON, CHERYL A	Student
JOHNSON, MD, Craig H	Berks
JOHNSON, MD, Dennis R	York
JOHNSON, MD, Don E	Philadelphia
JOHNSON, MD, Dorothy E	Luzerne
JOHNSON, MD, Douglas E	Lehigh
JOHNSON, MD, Elting C	Bradford
JOHNSON, MD, Franklin P	Allegheny
JOHNSON, MD, Gary E	Allegheny
JOHNSON, MD, George M	York
JOHNSON, MD, Herbert C	Berks
JOHNSON, HOWARD D	Student
JOHNSON, MD, James R	Allegheny
JOHNSON, MD, Jonas T	Allegheny
JOHNSON, MD, Philip E P	Delaware
JOHNSON, MD, Rebecca W	Philadelphia
JOHNSON, MD, Robert G	Philadelphia
JOHNSON, MD, Robert P	Lancaster
JOHNSON, MD, Thomas A	Philadelphia
JOHNSON, MD, Van W	Warren
JOHNSON, MD, Waine C	Philadelphia
JOHNSON, MD, Walter K	Westmoreland
JOHNSON, MD, William H	Philadelphia
JOHNSON, MD, William T	Berks
JOHNSON III, MD, S Harris	Allegheny
JOHNSON JR, MD, Bertram L	Lancaster
JOHNSON JR, MD, Howard J	Philadelphia
JOHNSON-HAMERMAN, MD, Lois M	Philadelphia
JOHNSTON, DO, Craig T	Erie
JOHNSTON, MD, Dorothy	Schuylkill
JOHNSTON, MD, Ellen A	Dauphin
JOHNSTON, MD, Eugene V	Lancaster
JOHNSTON, MD, Frank B	Philadelphia
JOHNSTON, DO, Harry D	Franklin
JOHNSTON, MD, J Murl	Allegheny
JOHNSTON, MD, James B	Venango
JOHNSTON, MD, Jean C	Philadelphia
JOHNSTON 3RD, MD, James R	Cumberland
JOHNSTON JR, MD, John A	Allegheny
JOHNSTONE, MD, Graham F	Allegheny
JOLLY, MD, Raj K	Elk/Cameron
JONAS, MD, Jaroslav G	Montour
JONES, MD, Ancil A	Delaware
JONES, MD, C Henry	Lackawanna
JONES, MD, Daniel C	Montgomery
JONES, MD, David G	Lehigh
JONES, MD, David J	York
JONES, MD, Edward	Lebanon
JONES, MD, Edward L	Bradford
JONES, MD, Edward R	Philadelphia
JONES, MD, Frederick L	Huntingdon
JONES, MD, George A	Dauphin
JONES, MD, George J	Washington
JONES, MD, J Albright	Delaware
JONES, MD, James E	Dauphin
JONES, MD, Joseph C	Adams
JONES, MD, Julie L	Lancaster
JONES, MD, Larry M	Allegheny
JONES, MD, Larry W	Blair
JONES, MD, Michael W	Lycoming
JONES, MD, Neil F	Allegheny
JONES, MD, Raymond R	Chester
JONES, REBECCA K	Student
JONES, MD, Richard E	Beaver
JONES, MD, Robert K	Delaware
JONES, MD, Robert T	Luzerne
JONES, MD, Stephanie A	Philadelphia
JONES, MD, Steven R	Allegheny
JONES, MD, Stuart A	Lehigh
JONES, MD, Terrence H	Lancaster
JONES, MD, Thomas D	Montour
JONES, MD, Tom B	Mercer
JONES, MD, Wendell E	Allegheny
JONES JR, MD, Arthur F	Lancaster
JONES JR, MD, Frederick L	Montour
JONES JR, MD, Harry B	Beaver
JONES JR, MD, John H	Lycoming
JONES JR, MD, Robert T	Allegheny
JONES-GORDON, MD, Sandra M	Allegheny
JORDAN, MD, Claus G	Monroe
JORDAN, MD, Jerome W	Lackawanna
JORDAN, MD, William P	Monroe
JORDAN, MD, Wm J	Lackawanna
JORET, MD, Dale M	Lackawanna
JORGENSEN, MD, Brian K	Philadelphia
JOSEPH, MD, Alfred J	Mercer
JOSEPH, MD, Andrew H	Allegheny
JOSEPH, MD, Elaine R	Allegheny
JOSEPH, MD, George M	Northampton
JOSEPH, MD, Kadankavil C	Elk/Cameron
JOSEPH, DO, Mitchell W	Blair
JOSEPH, MD, Monte L	Allegheny
JOSEPH, MD, Neal	Allegheny
JOSEPH, MD, Raymond E	Philadelphia
JOSEPH, MD, Raymond J	Luzerne
JOSHI, MD, Harendra V	Philadelphia
JOSHI, MD, Kishor E	Fayette
JOSHI, MD, Kundabala S	Philadelphia
JOSHI, MD, Manohar J	Allegheny
JOSHUA, MD, Sudhir D	York
JOSON, MD, Raymond M	Philadelphia
JOSSELSON, MD, Alan S	Montgomery
JOURDAIN, MD, Luis M	Blair
JOVANOVICH, MD, Daniel B	Allegheny
JOY, MD, Charles A	Erie
JOYCE, MD, Michael F	Montgomery
JOYCE III, MD, John J	Philadelphia
JOYNER, MD, David M	Dauphin
JOZEFCZYK, MD, Patricia B	Allegheny
JOZEFIAK, JUDITH A	Student
JU, MD, William D	Philadelphia
JUANG, MD, Richard C	Erie
JUAREZ, MD, Rolando	Montgomery
JUBELIRER, MD, Robert A	Montgomery
JUDD, MD, James D	Montgomery
JUDGE III, MD, James W	Chester
JUDSON, MD, Susan C	Lycoming
JUDSON, MD, William W	Lycoming
JUHASZ, MD, Alex B	Indiana
JULES, MD, Arnold J	Montgomery
JULIA, MD, Ronald R	Northampton
JULIAN, MD, Maryjane A	Schuylkill
JULIAN, MD, Thomas B	Allegheny
JULIANO, MD, Alfred J	Philadelphia
JULIUS, MD, Ernest L	Luzerne
JUNCO, MD, Ricardo J	Philadelphia
JUNCOS, MD, Guillermo R	Chester
JUNEJA, MD, Damyanti	Philadelphia
JUNEJA, MD, Ish K	Philadelphia
JUNG, MD, Hong I	Lackawanna
JUNG, MD, Jay Soo	Lehigh
JUNG, MD, Jennifer L	Bucks
JUNG, MD, Tinliung	Mckean
JUNGHANS, MD, Siegfried P	Allegheny
JUNKIN, MD, David M	Montgomery
JUOZEVICIUS, MD, John L	Bradford
JUPIN, MD, John A	Venango
JURGENS, MD, Kenneth H	Erie
JURGENSEN, MD, John C	Cumberland
JURNOVOY, MD, Joel B	Delaware
JUSKELIS, MD, Edward F	York
JUSTIN, MD, Peter A	Northmbrland
JUVELIER, MD, Bernard W	Dauphin

K

KAAR, MD, Richard C	Lycoming
KABLER, MD, Ronald L	Montour
KACHLINE, DO, Donald A	Lackawanna
KACZOR, MD, Stanley F	Blair
KADIS, MD, Milton H	Luzerne
KAFRISSEN, MD, Steven R	Luzerne
KAGAN, ALICE L	Student
KAGUYUTAN, MD, Alfredo G	Adams
KAGUYUTAN, MD, Ofelia D	Adams
KAHN, MD, Bernard L	Philadelphia
KAHN, MD, Donald L	Philadelphia
KAHN, MD, Hyman R	Philadelphia
KAHN, MD, Ronald L	Bradford
KAHN, MD, Sigmund B	Philadelphia
KAHN, MD, Y Raymond	Armstrong
KAIDBEY, MD, Kays	Philadelphia
KAIN III, MD, Thomas M	Delaware
KAIRYS, MD, Leo R	Allegheny
KAISER, MD, Gerard D	Dauphin
KAISER, MD, Ralph H	Lycoming
KAJANI, MD, Mehdi K	Philadelphia
KALAFER, MD, Marvin	Philadelphia
KALAGAYAN, MD, Hector J	Erie
KALANI, MD, Ghassen	Philadelphia
KALE, MD, Sanjay D	Lehigh
KALENAK, MD, Alexander	Dauphin
KALES, MD, Anthony	Dauphin
KALISH, MD, Robert W	Philadelphia
KALISH, MD, Sidney J	Philadelphia
KALKHOF, MD, Thomas C	Erie
KALKUNTE, MD, Jagdish R	Bradford
KALLA, MD, Richard L	Allegheny
KALLISH, MD, Marvin N	Philadelphia
KALLOZ, MD, John R	Adams
KALMANSON, MD, Jacob D	Allegheny
KALODNER, MD, Alfred L	Philadelphia
KAMBIN, MD, Parviz	Philadelphia
KAMDAR, MD, Jayant C	Philadelphia
KAMEEN, MD, Anthony J	Luzerne
KAMEN, DO, Leonard B	Philadelphia
KAMERER, MD, Donald B	Allegheny
KAMINENI, MD, Uma	Philadelphia
KAMINSKI, MD, Robert J	Allegheny
KAMINSKI, MD, Thomas N	Westmoreland
KAMINSKY, MD, James F	Erie
KAMINSTEIN, MD, David S	Chester
KAMMERER, MD, William S	Dauphin
KAMPER, CAROLINE A	Student
KAMSLER, MD, David F	Adams
KANAL, MD, Emanuel	Allegheny
KANDRA, MD, Joseph J	Dauphin
KANDULA, MD, Ravindra R	Northampton
KANE, MD, James A	Lackawanna
KANE, MD, Joan D	Delaware
KANE, MD, John J	Allegheny
KANE, MD, John S	Montgomery
KANE, MD, Kevin M	Allegheny
KANE, MD, William M	Delaware
KANEFF, MD, Scott R	Chester
KANEFIELD, DO, Marvin	Philadelphia
KANEFSKY, MD, Terry M	Bucks
KANENSON, MD, William L	Dauphin
KANG, MD, Se-Boo	Armstrong
KANG, MD, Shin W	Westmoreland
KANIA, MD, Robert J	Allegheny
KANIS, MD, Myron L	Philadelphia
KANN, MD, Jules	Allegheny
KANN, STEVEN E	Allegheny
KANNAN, MD, Vaidehi	Delaware
KANNANGARA, MD, Yogeswary	Philadelphia
KANOFF, DO, Saul	Philadelphia
KANSAGRA, MD, Jasmat N	Cambria
KANSAL, MD, Kusum R	Blair
KANSAL, MD, Naren	Philadelphia
KANSAL, MD, Raj G	Blair
KANTER, MD, Frank J	Philadelphia
KANTNER, MD, Theodore R	Dauphin
KANTOR, DO, James G	Philadelphia
KANTOR, MD, Milton	Luzerne
KANTOR, MD, Robert J	Dauphin
KANWIT, MD, Bert A	Lehigh
KAO, MD, Chien-Kuo	Allegheny
KAO, MD, Lidia W L	Allegheny
KAO, MD, Yi H	Clearfield
KAO, MD, Yu Song	Luzerne
KAPADIA, MD, Dilip L	Delaware
KAPCALA, DO, Jan S	Monroe
KAPLAN, MD, Abraham	Monroe
KAPLAN, MD, Barry R G	Allegheny
KAPLAN, MD, Bernard	Philadelphia
KAPLAN, MD, Carl	Allegheny
KAPLAN, MD, Frank E	Montgomery
KAPLAN, MD, Lawrence M	Berks
KAPLAN, MD, Louis	Philadelphia
KAPLAN, MD, Peter D	Allegheny
KAPLAN, MD, Richard H	Philadelphia
KAPLAN, MD, Robert D	Philadelphia
KAPLAN, DO, Robert J	Philadelphia
KAPLAN, MD, Robin L	Berks
KAPLAN, MD, S Richard	Philadelphia
KAPLAN, MD, Sheldon J	Montour
KAPLAN, MD, Stephen M	Blair
KAPLOW, MD, Gwen H	Philadelphia
KAPOOR, MD, Rajeshwar D	Allegheny
KAPOOR, MD, Shailendra N	Clinton
KAPP, MD, Anton	Montgomery
KAPPA, MD, Rosanne D	Philadelphia
KAPPAKAS, MD, George S	Allegheny
KAR, MD, Dilip S	Westmoreland
KARA, MD, Aoun B	Northampton
KARABELNIK, MD, Don	Berks
KARAFIN, MD, Lester	Philadelphia
KARAKASHIAN, MD, Nubar A	Philadelphia
KARAMANIAN, MD, Agop V	Erie
KARAMBELKAR, MD, Jagannath P	Allegheny
KARAMCHANDANI, MD, Nilima T	Allegheny
KARAMCHETI, MD, Anand	Washington
KARANDY, DO, Emely	Philadelphia
KARANJIA, MD, Minoo D	Indiana
KARASICK, MD, David	Philadelphia
KARASICK, MD, Sheldon R	Philadelphia
KARASICK, MD, Stephen	Philadelphia
KARBINER, MD, Helmut L	Montgomery
KARCSH, DO, Henry J	Chester

KARDISH, MD, Thomas J	Bucks
KARDUCK, MD, John S	Cambria
KAREHA, MD, Louis G	Lackawanna
KARETAS, MD, Alexandra I	Philadelphia
KARIAN, MD, John M	Venango
KARIMKHANI, MD, Kobra	Allegheny
KARLE, MD, John G	Erie
KARLIN, DO, Paul S	Philadelphia
KARLSSON, MD, Ulf L	Philadelphia
KARMAZIN, MD, Nelly	Philadelphia
KARMILOWICZ, MD, N Peter	Philadelphia
KARNIK, MD, Subash S	Bucks
KARP, MD, Joseph S	Philadelphia
KARP, MD, Louis A	Philadelphia
KARP, DO, Ronda G	Montgomery
KARPIN, MD, Max	Delaware
KARPINSKI JR, MD, Felix E	Montgomery
KARPINSKI JR, MD, Stephen J	Allegheny
KARRON, MD, Betty	Lehigh
KARSH, MD, Carl A	Erie
KART, MD, Barry H	Allegheny
KARUMBAYA, MD, Romola	Lackawanna
KARUNARATNE, MD, Esiri R	Blair
KASALES, MD, Clarence J	Lebanon
KASDAN, MD, Richard B	Allegheny
KASDIN, MD, Sharon L	Philadelphia
KASE, MD, James J	Berks
KASE, MD, Paul F	Dauphin
KASE, MD, William A	Philadelphia
KASE JR, MD, James B	Philadelphia
KASEFF, MD, Leon G	Philadelphia
KASHATUS, MD, Wm C	Philadelphia
KASHURBA, MD, Glenn J	Philadelphia
KASI, MD, Krishnakumar A	Beaver
KASI, MD, Nagamani K	Beaver
KASPAR, MD, Albert J	Northampton
KASPARIAN, MD, Hratch	Philadelphia
KASPER, DO, David	Luzerne
KASPER, MD, Donald J	Delaware
KASPRENSKI, MD, Matthew A	Lehigh
KASPRENSKI, MD, Matthew L	Lehigh
KASPUTIS, MD, David A	Columbia
KASTENBAUM, MD, Michael	Berks
KASUMI, MD, Asao	Lehigh
KASUNDRA, MD, Parshottam N	Lehigh
KATALAN, MD, Maurice M	Philadelphia
KATARINCIC, JULIE A	Allegheny
KATCHER, MD, Aaron H	Philadelphia
KATER, MD, Mitchell J	Montgomery
KATES, MD, Malcolm	Philadelphia
KATIGBAK, MD, Constancio D	Westmoreland
KATLIC, MD, Mark R	Luzerne
KATOWITZ, MD, James A	Philadelphia
KATSAMPES, MD, Ernest T	Dauphin
KATTELMAN, DO, Marc	Montgomery
KATZ, MD, Alan S	Philadelphia
KATZ, MD, Albert B	Philadelphia
KATZ, MD, David L	Allegheny
KATZ, MD, Irwin L	Allegheny
KATZ, MD, Jacob	Philadelphia
KATZ, MD, Janice D	Philadelphia
KATZ, MD, Jerald M	Westmoreland
KATZ, MD, Joseph	Lancaster
KATZ, MD, Julian	Philadelphia
KATZ, MD, M Richard	Philadelphia
KATZ, MD, Max	Philadelphia
KATZ, MD, Richard G	Allegheny
KATZ, MD, Richard H	Philadelphia
KATZ, MD, Richard I	Philadelphia
KATZ, MD, Robert E	Montgomery
KATZ, MD, Ross M	Berks
KATZ, MD, Sheila M	Philadelphia
KATZ, MD, Steven A	Delaware
KATZ, DO, Steven L	Philadelphia
KATZ, MD, Theodore T	Philadelphia
KATZ, MD, Warren A	Philadelphia
KATZEN, BRETT W	Student
KATZIN, MD, Dick	Allegheny
KATZMAN, MD, Jeffrey I	Chester
KAUDERER JR, MD, John G	Monroe
KAUFFMAN, MD, Abraham L	Philadelphia
KAUFFMAN, MD, Dwight A	Adams
KAUFFMAN, MD, Gordon L	Dauphin
KAUFFMAN, MD, M Luther	Montgomery
KAUFMAN, MD, Abraham S	Philadelphia
KAUFMAN, MD, Alan C	Bucks
KAUFMAN, MD, Barre D	Lehigh
KAUFMAN, MD, Benjamin V	Lackawanna
KAUFMAN, MD, Jay H	Lehigh
KAUFMAN, JODI D	Student
KAUFMANN, MD, Bruce M	Northampton
KAUR, MD, Manjeet	Lancaster
KAUR, MD, Prakash	Westmoreland
KAVIC, MD, Michael S	Allegheny
KAVIC, MD, Thomas A	Allegheny
KAVIC, MD, Timothy N	Allegheny
KAVILLE, MD, Robert W	Lackawanna
KAVJIAN, MD, Edward M	Delaware
KAVLE, MD, Carleton J	Montgomery
KAY, MD, Chester	Allegheny
KAY, MD, Harold R	Philadelphia
KAY, MD, Michael L	Philadelphia
KAY, MD, Raymond J	Montgomery
KAY, MD, Scott L	Philadelphia
KAYE, MD, Donald	Philadelphia
KAYE, KENDRA B	Student
KAZAN, LIEBE M	Student
KAZANECKI, MARY E	Allegheny
KAZANGY, MD, Falih R	Westmoreland
KAZEM, MD, Ismail	Philadelphia
KAZENOFF, MD, Bob	Philadelphia
KEAGLE, DO, Douglas L	Delaware
KEAGY, MD, R Marvel	Blair
KEAN, MD, Dennis W	Lehigh
KEAN, MD, Herbert	Philadelphia
KEANE, MD, William M	Philadelphia
KEARNEY, MD, James D	Dauphin
KEARNEY, MD, John M	Berks
KEARNEY, MD, Joseph A	Westmoreland
KEARNEY, MD, Martin J	Delaware
KEARNS, MD, Joseph W	Lancaster
KEATES, MD, Edwin U	Philadelphia
KEATING, MD, Edward C	Lycoming
KEBLISH JR, MD, Peter A	Lehigh
KECK, MD, William S	Westmoreland
KEDDIE, MD, Roland T	Allegheny
KEECH JR, MD, Hayden G	York
KEEFE, MD, Jerry M	Lancaster
KEEFER, MD, George P	Philadelphia
KEELY, MD, Elizabeth S	Philadelphia
KEENAN JR, MD, William F	Northampton
KEENEY, MD, Galen E	Dauphin
KEEPORTS, MD, Richard L	York
KEFFER, MD, William H	Berks
KEGEL, MD, Daniel P	Lancaster
KEGEL, MD, Eugene E	Lancaster
KEGEL, MD, Mary F	Lancaster
KEHM, MD, Robert F	York
KEHM, MD, Vincent A	York
KEHOE, DO, Ellen L	Philadelphia
KEHRLI, MD, Henry J	Lackawanna
KEHRLI, MD, William H	Lackawanna
KEIFER, MD, Anne T	Dauphin
KEIL, MD, Stephen M	Centre
KEIM, MD, Peter J	Armstrong
KEISER, MD, E Lee	Berks
KEISER, MD, Lester	Philadelphia
KEISMAN, MD, Robert A	Philadelphia
KEISTER, MD, Stephen R	Erie
KEITER, MD, James M	Lebanon
KEITH, MD, Helen R H	Northampton
KEITHAN II, MD, John F	Delaware
KELBICK, MD, Elaine H	Philadelphia
KELLER, MD, Earl B	Philadelphia
KELLER, MD, Frank M	Allegheny
KELLER, MD, James W	Lebanon
KELLER, MD, John E	Berks
KELLER, DO, Jon M	Lancaster
KELLER, MD, Lynwood V	Berks
KELLEY, MD, Donald L	Butler
KELLEY, EDWARD S	Allegheny
KELLEY, MD, Glen D	Allegheny
KELLEY JR, MD, Charles F	Lehigh
KELLMAN, MD, Ian A	Luzerne
KELLY, MD, Bruce R	Allegheny
KELLY, MD, Edward A	Delaware
KELLY, MD, Edward G	Allegheny
KELLY, MD, Edward J	Lackawanna
KELLY, EDWARD J	Allegheny
KELLY, MD, Eugene W	Allegheny
KELLY, MD, Habib R	Philadelphia
KELLY, MD, Herbert T	Philadelphia
KELLY, MD, James J	Delaware
KELLY, MD, Jean A	York
KELLY, MD, John A	Bradford
KELLY, MD, John S	Elk/Cameron
KELLY, MD, Marianne L	Lancaster
KELLY, MD, Paul O	Delaware
KELLY, MD, Robert W	Armstrong
KELLY, MD, Thomas J	Allegheny
KELLY, MD, William E	Philadelphia
KELLY, MD, William J	Allegheny
KELLY JR, MD, Edward A	Chester
KELLY JR, MD, John J	Delaware
KELSEY, MD, David M	Delaware
KELSO, MD, Don R	Montgomery
KELTON, MD, Franklin C	Montgomery
KELVIN, MD, Carl B	Philadelphia
KEMP, MD, Gordon B	Mercer
KEMP, MD, Robert M	Lancaster
KEMP, MD, Susan S	Philadelphia
KEMP, MD, William R	Philadelphia
KEMP III, MD, Dewitt E	Cambria
KEMPF JR, MD, Francis C	Philadelphia
KEMPFE, MD, Konrad M	Northmbrland
KEMRER, MD, J Donald	Lancaster
KENDALL, MD, A Richard	Philadelphia
KENDALL, MD, Benjamin	Philadelphia
KENDALL, MD, Leigh W	Lancaster
KENEALY, MD, James F X	Philadelphia
KENIG, MD, Isador J	Dauphin
KENKRE, MD, Sricrishna B	Allegheny
KENNA, MD, Jos Patrick	Lancaster
KENNA, MD, Marita D	Allegheny
KENNARD, MD, John F	Clearfield
KENNEDY, MD, Barbara L	Bradford
KENNEDY, MD, F Bryan	Allegheny
KENNEDY, MD, John N	Luzerne
KENNEDY, MD, Kris E	Allegheny
KENNEDY, MD, Nelson M	Beaver
KENNEDY, MD, Patrick J	Delaware
KENNEDY, MD, Peter S	York
KENNEDY, MD, Richard P	Monroe
KENNEDY, MD, Roland L	Allegheny
KENNEDY, MD, Shirley A	Centre
KENNEDY, MD, Thomas L	Montour
KENNEDY JR, MD, Carl H	Philadelphia
KENNEN JR, DO, Eugene W	Westmoreland
KENNERDELL, MD, Edward H	Allegheny
KENNERDELL, MD, John S	Allegheny
KENNETZ JR, BERNIE F	Allegheny
KENNING, MD, James A	Philadelphia
KENNY, MD, Kevin J	Allegheny
KENT, MD, David W	Bucks
KENT, MD, George M	Lancaster
KENT, MD, Richard B	Chester
KENT, MD, W David	Franklin
KENVIN, MD, John E	Lehigh
KENWORTHY JR, MD, Harry J	Montgomery
KENYON, CAROL L	Allegheny
KEOHANE, MD, Richard B	Philadelphia
KEON, MD, Thomas P	Philadelphia
KEOUGH, MD, Jonathan E	Perry
KEPHART, MD, Fred W	York
KEPLER, MD, Furman T	Delaware
KEPLER JR, MD, Walter E	Delaware
KEPP, MD, Edward A	Venango
KERBACHER, MD, Daniel J	Columbia
KERN, MD, Frank	Montgomery
KERN, MD, Franklin M	Philadelphia
KERN IV, MD, George W	Chester
KERNICH, MD, Joseph J	Jefferson
KERNIS, DO, David	Philadelphia
KERR, MD, John H	Philadelphia
KERR, MD, Paul B	Susquehanna
KERR, MD, Robert M	Luzerne
KERR JR, MD, Clark M	Westmoreland
KERR JR, MD, Harry J	Allegheny
KERR JR, MD, Thomas	Philadelphia
KERRIGAN, DO, Patrick J	Luzerne
KERRY, MD, Roy E	Mercer
KERSHBAUM, MD, Carol M	Montgomery
KERSHNER, MD, Marilyn S	Berks
KERSON, MD, Lawrence A	Montgomery
KERSTEEN EXEC DIR, DUANE E	Luzerne
KERSTETTER, MD, David L	Bedford
KERSTING, MD, John W	Bradford
KESHGEGIAN, MD, Albert A	Delaware
KESSEL, MD, Daniel S	Philadelphia
KESSEL, MD, Lawrence J	Philadelphia
KESSELRING JR, MD, William T	Monroe
KESSERU, MD, Julius	Allegheny
KESSLER, MD, Dan D	Philadelphia
KESSLER, MD, Frank J	Northampton
KESSLER, MD, Laibe A	Allegheny
KESSLER, MD, Otto F	Allegheny
KESSLER, MD, Paul R	Berks
KESSLER, MD, Rex K	Delaware
KESSLER, MD, Woodrow B	Delaware
KESTER, MD, Walter L	Chester
KESZELI, MD, Alexander R	Chester
KETELS, MD, Erk A	Bucks
KETTERING, MD, Donald L	Westmoreland
KETTERING, JOSEPH M	Allegheny
KETTRICK, MD, James P H	Luzerne
KETTRICK, MD, Robert G	Philadelphia
KETZAN, MD, Tibor	Montgomery
KEVENK, MD, Kerim C	Cambria
KEVERLINE, MD, Paul O	Warren
KEYES, MD, Baldwin L	Philadelphia
KEYKHAH, MD, Mohammad M	Philadelphia
KEYSER, DO, Jeffrey A	Lancaster
KHALAF, MD, Kamal	Jefferson
KHALIFA, MD, Nagib M	Franklin
KHALIL, MD, Karim	Westmoreland
KHALILI, MD, Behrooz	Allegheny
KHAN, MD, Abdul A	Lehigh
KHAN, MD, Abu	Philadelphia
KHAN, MD, Meher S	Philadelphia
KHAN, MD, Qador	Philadelphia
KHAN, MD, Shaukat H	Carbon
KHAN, MD, Sultan	Schuylkill
KHANNA, MD, Chancal	Philadelphia
KHANNA, MD, Om P	Philadelphia
KHANNA, MD, Sudhir K	Northmbrland
KHANTHAN, MD, Subramaniam E	Philadelphia
KHELLA, MD, Lewis	Philadelphia
KHERA, MD, Dinesh C	Erie
KHOLOUSSY, MD, Abdelmohsen M	Schuylkill
KHOORY, MD, Maged S	Montgomery
KHOSHBIN, MD, Bijan	Lehigh
KHOURY, MD, Dennis J	Philadelphia
KHOURY, MD, Jacques A	Delaware
KHUBCHANDANI, MD, Indru T	Lehigh
KHURANA, MD, Ramesh C	Allegheny
KIBELBEK, MD, Michael J	Montour
KIBELSTIS, MD, John A	Lehigh
KICHLER, MD, Joel M	Allegheny
KIEFER, MD, Robert A	Franklin
KIEFNER JR, MD, Frederick J	Montgomery
KIEL, MD, Steven M	Delaware
KIELMAN, MD, Michael J	Allegheny
KIERNAN JR, MD, John H	Dauphin
KIESEL, MD, Robert	Lehigh
KIKKAWA, MD, Kazutoshi	Bradford
KILLIAN, MD, Dorothea M	Montgomery
KILLIAN, MD, Paul J	Armstrong
KILLIAN III, MD, Calab L	Berks
KILLIUS, MD, James L	Somerset
KILMORE JR, MD, Vance E	Dauphin
KILPATRICK, MD, Gertrude E	Beaver
KILPATRICK, MD, William F	Washington
KILPATRICK EXEC SEC, WILLIAM H	Northampton
KILPELA, MD, Donald A	Allegheny
KIM, MD, Chung H	Lehigh
KIM, MD, Chung S	Berks
KIM, MD, Dong H	Westmoreland
KIM, MD, Dong H	Fayette
KIM, MD, Doo T	Northampton
KIM, MD, Erich	York
KIM, MD, Eugene Y	Allegheny
KIM, MD, Hack J	Lancaster
KIM, MD, Hak R	Bucks
KIM, MD, Hi S	Montgomery
KIM, MD, Hwan Y	Cambria
KIM, MD, Hyoung D	Allegheny
KIM, MD, Hyung-Bae	Luzerne
KIM, MD, Ih C	Northampton
KIM, MD, Ikjin	Philadelphia
KIM, MD, Il G	Lycoming
KIM, MD, Jae-Chil	Allegheny
KIM, MD, Je H	Lawrence
KIM, JEAN	Allegheny
KIM, MD, Jin I	Lehigh
KIM, MD, Joseph J	Philadelphia
KIM, MD, Jung S	Philadelphia
KIM, MD, Kun H	Washington
KIM, MD, Kwan E	Philadelphia
KIM, MD, Kyu S	Lehigh
KIM, MD, Myoung S	Fayette
KIM, MD, Paul S	Chester
KIM, MD, Philip Y	Philadelphia
KIM, MD, Raymond Y	Butler
KIM, MD, Sang M	Jefferson
KIM, MD, Scott S	Allegheny
KIM, MD, Song K	Washington
KIM, MD, Sun C	Schuylkill
KIM, MD, Sung Y	Allegheny
KIM, MD, Uh G	Lawrence
KIM, MD, Wan J	Lawrence
KIM, MD, Wha S	Fayette
KIM, MD, Wha S	Allegheny
KIM, MD, Yang K	Butler
KIM, MD, Yong Deok	Allegheny
KIM, MD, Yong Il	Westmoreland
KIM, MD, Yong W	Lancaster
KIM, MD, Yoon C	Allegheny
KIM, MD, Youn H	Westmoreland
KIM, MD, Young W	Bucks
KIM, MD, Yung S	Bucks
KIMBEL, MD, Philip	Philadelphia
KIMBIRIS, MD, Demetrios G	Philadelphia
KIMMEL, MD, Craig A	Berks
KIMMEL, MD, Henry A	Delaware
KIMMEL, MD, Murray H	Philadelphia
KINDER, MD, Roy R	Delaware
KING, MD, Andrew J	Cambria
KING, MD, Arthur B	Bradford
KING, MD, Arthur H	Westmoreland
KING, MD, Barbara L	Allegheny
KING, MD, Bernard D	Chester
KING, MD, Joseph T	Bradford
KING, MD, Leo M	Allegheny
KING, MD, Lois I	Philadelphia
KING, MD, Lorraine C	Philadelphia
KING, MD, Phillip E	Cambria
KING, MD, Robert L	Allegheny
KING, MD, S Victor	Blair
KING, MD, Weir L	Berks
KING JR, MD, William	York
KINGHORN, MD, Mildred A	Allegheny
KINGSBURY, MD, Robert C	Montgomery
KINKEAD, KEVIN P	Allegheny
KINLAW, MD, W Bernard	Montgomery
KINNEY, MD, Mary S	Westmoreland
KINOSIAN, MD, Mary J	Venango
KINSEL, MD, Alvin A	Allegheny
KINSMAN, SARA B	Student
KINTZEL, MD, James E	Lehigh
KINTZER JR, MD, John S	Northampton
KINTZI, MD, Harry E	Lancaster
KIPP, MD, James E	Lancaster
KIRALY, MD, Laszlo	Lackawanna
KIRBER, MD, H Peter	Philadelphia
KIRBY, MD, Claude W	Cambria
KIRBY, MD, Jacqueline P	Luzerne
KIRBY, MD, James E	York
KIRCHHOFER, MD, Lewis H	Delaware
KIRCHNER, MD, G Gary	Lancaster
KIRCHOFFER, MD, James B	Luzerne
KIRK, MD, Daniel L	Northmbrland
KIRK, MD, Jacquelyn M	Allegheny
KIRK, MD, Marvel S	Lancaster
KIRKER JR, MD, Walter R	Dauphin
KIRKPATRICK, MD, Daniel W	Montgomery
KIRKPATRICK, MD, John R	Allegheny
KIRKPATRICK, MD, Robert L	Crawford
KIRKPATRICK, MD, Samuel A	York
KIRKPATRICK JR, MD, David D	Crawford
KIRSCH, MD, Michael	Allegheny
KIRSCH, MD, William J	Blair
KIRSHBAUM, MD, Bernard A	Philadelphia
KIRSHBAUM, MD, Gary R	Philadelphia
KIRTLAND III, MD, Howard H	Venango
KISH, MD, George F	Erie
KISH, DO, John M	Luzerne
KISH, MD, Robert S	Centre
KISH, MD, Zoltan L	Indiana
KISLOFF, MD, Barry	Allegheny
KISNER, MD, Robert G	Allegheny
KISSELL, MD, Dewitt C	Allegheny
KISTLER, MD, David W	Luzerne
KISTLER, MD, Kermit K	Lehigh
KISTLER, MD, Paul M	Montgomery
KISTLER, MD, Philip E	Chester

KISTLER, MD, Priscilla J	Montgomery
KISTLER, MD, Warren D	Franklin
KISTLER, MD, William S	Montgomery
KITCHEN II, MD, James G	Monroe
KITCHEN III, MD, James G	Delaware
KITEI, MD, Milton N	Philadelphia
KITEI, MD, William J	Northampton
KITSKO, DO, Dennis	Washington
KITSKO, MD, William T	Cambria
KITTLEBERGER, MD, William C	Bucks
KITTRELL, MD, William H	Washington
KITTS, MD, Ellen L	Allegheny
KITZMILLER, MD, John K	Dauphin
KIVITZ, MD, Alan J	Blair
KLAG, DO, Joseph V	Beaver
KLAIN, MATTHEW N	Allegheny
KLAIN, MD, Miroslav	Allegheny
KLASKIN, DO, Bruce D	Allegheny
KLASKO, MD, Stephen K	Lehigh
KLATCHKO, MD, William W	Lebanon
KLATMAN, MD, Samuel J	Allegheny
KLAUS, MD, Thomas C	Erie
KLAVAN, MD, Marshall	Delaware
KLAWON, MD, David L	Erie
KLAY, MD, John W	Allegheny
KLECKNER, MD, Francis S	Lehigh
KLEES, MD, Athanasius	Lehigh
KLEES, DO, David A	Erie
KLEIN, MD, Dorothy E	Philadelphia
KLEIN, MD, Fred S	Washington
KLEIN, MD, Gerald M	Delaware
KLEIN, MD, Joseph F	Chester
KLEIN, MD, Joseph M	Luzerne
KLEIN, MD, Michael A	York
KLEIN, MD, Michael E	Dauphin
KLEIN, DO, Milton J	Allegheny
KLEIN, MD, Raymond A	Berks
KLEIN, MD, Richard M	Allegheny
KLEIN, MD, Robert	Columbia
KLEIN, MD, Robert F	Montour
KLEIN, MD, Rolf A	Venango
KLEIN, MD, Sanford M	Allegheny
KLEIN, MD, Sheldon	Philadelphia
KLEIN, MD, Theodore C	Jefferson
KLEIN JR, MD, William J	Berks
KLEINBART, MD, Morris	Philadelphia
KLEINER, MD, Anton J	Berks
KLEINER, MD, Henry T	Philadelphia
KLEINER, MD, Laurence I	Philadelphia
KLEINERT, MD, Richard W	Clearfield
KLEINSCHMIDT, MD, Robert F	Allegheny
KLEM, MD, Albert J	Luzerne
KLEMEK, MD, Stanley C	Dauphin
KLEMENS, MD, Lee J	Cambria
KLEMENS, MD, Robert F	Cambria
KLEPPINGER, MD, Richard K	Berks
KLETTER, MD, Jan C	Philadelphia
KLIEFOTH, DO, William L	Bucks
KLIEGER, MD, Herman L	Westmoreland
KLIGERMAN, MD, Morton M	Philadelphia
KLIGMAN, MD, Albert M	Philadelphia
KLIMAS, MD, Victor A	Erie
KLIMES, MD, Ronald L	York
KLINE, MD, Edgar W	Montgomery
KLINE, MD, Irwin K	Delaware
KLINE, MD, Jack A	York
KLINE, MD, Robert M	Lebanon
KLINE, MD, Robert W	Allegheny
KLINE, MD, Tilde S	Delaware
KLINEFELTER, MD, Hylda C	Delaware
KLINGENSMITH, MD, Mark R	Dauphin
KLINGENSMITH, MD, Walter C	Philadelphia
KLINGER, MD, Frank A	Venango
KLINGER, MD, Harry M	Montour
KLINGHOFFER, MD, June F	Philadelphia
KLINGHOFFER, MD, Leonard	Philadelphia
KLINMAN, MD, Steven W	Philadelphia
KLINMAN, MD, William	Philadelphia
KLINOW, MD, Linda F	Delaware
KLINZING, MD, Gerard F	Delaware
KLIONSKY, MD, Bernard L	Allegheny
KLOIN, MD, Jay E	Lehigh
KLOSE, MD, Paul L	Somerset
KLOSS, MD, David A	Dauphin
KLOTZ, MD, Donald J	Lehigh
KLUFT, MD, Richard P	Berks
KLUTZ, MD, Joseph P	Allegheny
KMONICEK, MD, Joseph M	Philadelphia
KNAPP, MD, Michael A	Bucks
KNAPP, MD, Robert C	Beaver
KNAPPENBERGER, MD, William L	Allegheny
KNAPPER, MD, Elizabeth J	Lehigh
KNAPPMAN, MD, John W	Berks
KNAUB, MD, Marilyn B	Lancaster
KNEBL, DO, Janice A	Montour
KNECHT, MD, Charles L	Lehigh
KNEE, DO, Norman S	Philadelphia
KNEELAND, MD, Malcolm E	Montgomery
KNEIFATI, MD, Ahmed	Northmbrland
KNELLER PHD EXEC DIR, W RICHARD	Lackawanna
KNEPLEY, MD, David W	Columbia
KNEPP, MD, Mary E	Monroe
KNEPPER, MD, Joseph A	Lancaster
KNERR, MD, Richard A	Centre
KNERR JR, MD, Edgar D	Lancaster
KNIAZER, MD, Barry	Berks
KNIGHT JR, MD, Emerson L	Dauphin
KNOCH, MD, H Roebling	York
KNOLL, MD, George M	Northampton
KNOTT, MD, Albert P	Allegheny
KNOUSE, MD, Albert B	Bucks
KNOWLES, MD, Harry J	Philadelphia
KNOWLES, MD, Willard E	Delaware
KNOWLTON JR, MD, Stephen B	Montgomery
KNOX, MD, Mark A	Centre
KNOX-LEE, DO, Margaret M	Lancaster
KNUPP, MD, Donna L	Allegheny
KNUPP, MD, Melvin L	Dauphin
KO, MD, Chan S	Schuylkill
KO, MD, Jehoon	Beaver
KO, MD, Min-Haiung	Philadelphia
KO, MD, Yih S	Carbon
KO, MD, Yih Song	Mercer
KOBALY, MD, David J	Allegheny
KOBAN, JAMES M	Student
KOCH, MD, Andrew W	Lancaster
KOCH, MD, Joseph C	Allegheny
KOCH, MD, L Von	Lackawanna
KOCHAN, MD, Jeffrey P	Philadelphia
KOCHEL, MD, Randy L	Lancaster
KOCHMAN, DO, Sidney	Philadelphia
KOCHU, MD, Steve	Berks
KODALI, MD, Raja V	Allegheny
KODSI, MD, Magdi S	Philadelphia
KODUMAL, MD, Luis E	Delaware
KODURI, MD, Parandham	Allegheny
KOEHL JR, MD, C Warren	Luzerne
KOELLER, MD, Royal R	Cambria
KOELSCH, MD, Robert R	Bucks
KOENIG, MD, Hans	Allegheny
KOENIG, MD, Johann A	Luzerne
KOENIG, MD, Mark A	Allegheny
KOENIG, MD, Theodore R	Clarion
KOENIG, MD, Thomas M	Philadelphia
KOENIGSBERG, MD, Bess S	Philadelphia
KOEPKE, MD, Hans H	Chester
KOEPSELL, MD, Don G	Philadelphia
KOERBER JR, MD, Walter A	Dauphin
KOFF, MD, Richard A	Philadelphia
KOFFLER, MD, David	Philadelphia
KOFFLER, MD, Howard B	Bucks
KOFLANOVICH, SUSAN E	Student
KOFSKY, MD, Phillip M	Philadelphia
KOGAN, MD, Allan J	Philadelphia
KOHAN, DO, David A	Lehigh
KOHL, MD, David H	Armstrong
KOHL, MD, E James	Philadelphia
KOHL, MD, Stephen D	Berks
KOHLER, MD, F Peter	Delaware
KOHLER, MD, Henry J	Philadelphia
KOHLER EXEC SEC, MICHAEL P	Cambria
KOHLHAS, MD, Jacob J	Montgomery
KOHRT, MD, Alan E	Wayne/Pike
KOHUTIAK, MD, Vsevolod	Delaware
KOIMATTUR, MD, Arwind	Allegheny
KOIVUNEN, MD, Debra G	Dauphin
KOIWAI, MD, Eichi K	Philadelphia
KOKALES, MD, John G	Allegheny
KOLANDER, MD, Scott A	Philadelphia
KOLANSKY, MD, Harold	Philadelphia
KOLB, MD, Aaron J	Lycoming
KOLB, MD, Charles E	Lycoming
KOLBER, MD, Lauren R	Bucks
KOLENICH, MD, James J	Mercer
KOLFF, MD, Jacob	Philadelphia
KOLINER, MD, Charles M	Allegheny
KOLLER, MD, Harold P	Montgomery
KOLOCK, MD, Robert A	Allegheny
KOLONICH, KIMBERLY A	Student
KOLTER, MD, James S	Chester
KOLTER JR, MD, Joseph P	Allegheny
KOLTES, MD, John A	Philadelphia
KOLTON, MD, Vladimir J	Berks
KOMALAHIRANYA, MD, Amnuay	Washington
KOMALAHIRANYA, MD, Usa E	Washington
KOMEN, MD, Supote S	Washington
KONCHANIN, MD, Lynn M	Bucks
KONCHAR, MD, William C	Montour
KONDASH, DO, Dennis J	Lackawanna
KONDAVEETI, MD, Kotayya	Allegheny
KONDRATOWSKI, MD, Richard Z	Philadelphia
KONDROT, MD, Edward C	Allegheny
KONECKE, MD, Lee L	Montgomery
KONECKE, MD, M Louis	Luzerne
KONGSTVEDT, MD, Peter R	Allegheny
KONHAUS, MD, Carol H	Dauphin
KONRAD, MD, Mark G	Beaver
KONWINSKI, MD, Edward S	Mckean
KOO, MD, Peter J	Bucks
KOO, MD, Wook H	Luzerne
KOOIKER, MD, Ann M	Philadelphia
KOOLPE, MD, Harvey A	Philadelphia
KOOLPE, MD, Louis	Philadelphia
KOOROS, MD, Kian S	Allegheny
KOOSER, MD, Robert R	Allegheny
KOPACH, MD, Kathleen	Columbia
KOPEN, MD, Dan F	Luzerne
KOPENHAVER, MD, Donald B	Lehigh
KOPP, MD, Lizabeth A	Philadelphia
KOPP, MD, Nel	Centre
KOPPEL, MD, Max M	Philadelphia
KOPROWSKA, MD, Irena	Philadelphia
KOPROWSKI, MD, Christopher D	Philadelphia
KOPROWSKI, MD, Hilary	Philadelphia
KOPYNEC, MD, Bohdan W	Clinton
KOPYT, DO, Nelson P	Lehigh
KORBONITS, MD, Charles W	Chester
KORDEK, MD, Michael E	Cambria
KORENTZWITT, MD, Edith	Philadelphia
KOREY, CHARLOTTE L	Allegheny
KOREY, MD, Joseph J	Philadelphia
KOREY JR, MD, Joseph J	Berks
KORHAMMER, MD, Alan F	Northampton
KORINCHAK, MD, Jerome L	Mifflin/Juni
KORMAN, MD, Michael J	Philadelphia
KORN, ROBERT L	Student
KORNELUK-REILLY, MD, Theresa	Philadelphia
KORT, MD, Joseph F	Northmbrland
KORVICK, MD, Joyce A	Armstrong
KOSCO, MD, George M	Jefferson
KOSENKO, MD, Alexander	Erie
KOSENSKE, TED D	Allegheny
KOSHAR, MD, Mark I	Northampton
KOSIEROWSKI, MD, Richard R	Bucks
KOSMORSKY, DO, Stephan J	Philadelphia
KOSSOL, MD, Janet M	Allegheny
KOST, MD, Kenneth R	Armstrong
KOST, MD, Lewis V	Dauphin
KOST, MD, Paul F	Allegheny
KOST, VIRGINIA L	Allegheny
KOSTER, MD, Lee H	Westmoreland
KOSTIN, MD, Raymond F	Dauphin
KOSTYAL, MD, John L	Allegheny
KOTAKIS, MD, John	Philadelphia
KOTALA, STANLEY H	Student
KOTCH, MD, Michael J	Luzerne
KOTLER, MD, Barry M	Philadelphia
KOTLOFF, MD, Leon	Philadelphia
KOTTNER JR, MD, W Wallace	Washington
KOTYO, MD, John A	Delaware
KOUGH, MD, Robert H	Montour
KOUKAL, MD, Ludwig R	Lawrence
KOUL, MD, Hira	Cambria
KOUNTZ, MD, David S	Philadelphia
KOUSEN, MD, Morton	York
KOUTCHER, MD, Martin E	Philadelphia
KOVACS, MD, Donald J	Cumberland
KOVACS, DO, James E	Luzerne
KOVACS, MD, Robert J	Lehigh
KOVALSKI, MD, Raymond	Chester
KOVALSKY, MD, Don A	Philadelphia
KOVALSKY, MD, Evan S	Philadelphia
KOVALSKY, MD, Kenneth	Berks
KOVAR, MD, Charles E	Northampton
KOVATCH, MD, Anthony L	Allegheny
KOVEN, MD, Norman L	Philadelphia
KOWALLIS, MD, George F	Allegheny
KOWALSKE, MD, Karen J	Philadelphia
KOWALSKI, MD, Joseph J	Luzerne
KOWALYSHYN, MD, Theodore J	Monroe
KOWTONIUK, DO, Walter V	Cambria
KOZART, MD, David M	Philadelphia
KOZICKY, MD, Peter W	Northampton
KOZIN, MD, William	Delaware
KOZINN, MD, Marc J	Lancaster
KOZINN, MD, Wesley P	Northampton
KOZIUPA, MD, Diana M	Bucks
KOZLEK, MD, Thomas F	Luzerne
KOZLOWSKI, DO, Maryann	Erie
KOZMINSKY, MD, Mark E	Clearfield
KOZUB, MD, Robert E	Philadelphia
KRABLIN, MD, Ronald	Adams
KRACKOW, MD, Joel A	Delaware
KRAEMER, MD, David W	Allegheny
KRAFCHIN, MD, Ira C	Lackawanna
KRAFTOWITZ, MD, Robert E	Allegheny
KRAH ASST EXEC DIR, JOHN G	Allegheny
KRAIN, MD, Raymond	Delaware
KRAK, MD, Michael	Allegheny
KRAK, MD, Michael D	Allegheny
KRAKOVITZ, MD, Jay A	Philadelphia
KRALJEVIC, MD, Juan E	Berks
KRALL, MD, J Thomas	Delaware
KRAM, MD, John E	Allegheny
KRAMER, MD, David J	Philadelphia
KRAMER, MD, Frances K	Allegheny
KRAMER, MD, Frederick L	Philadelphia
KRAMER, MD, John B	Delaware
KRAMER, MD, Kenneth	Northampton
KRAMER, MD, Mark S	Philadelphia
KRAMER, MD, Randall K	Berks
KRAMER, MD, Selma	Philadelphia
KRAMER, MD, Simon	Philadelphia
KRAMER, MD, William A	Franklin
KRANE, MD, Marvin A	Philadelphia
KRANICK, MD, Francis X	Lackawanna
KRANIK, MD, Andrew D	Allegheny
KRANTZ, MD, Kathryn E	Philadelphia
KRANTZ, MD, Walter J	Montgomery
KRANTZLER, MD, Joseph D	Montgomery
KRASNOFF, MD, Sidney O	Philadelphia
KRATZ, MD, Vernon H	Bucks
KRATZER, MD, Glenn S	Lehigh
KRATZER, MD, Guy L	Lehigh
KRAUS, MD, David R	Allegheny
KRAUS, MD, John F	Allegheny
KRAUS, MD, Kathryn E	Beaver
KRAUS, MD, Richard E	York
KRAUS, MD, Theodore J	Philadelphia
KRAUSE, MD, Helen F	Allegheny
KRAUSE, MD, Marilyn O	Philadelphia
KRAUSE, MD, Norman M	Allegheny
KRAUSE, MD, Robert E	Lackawanna
KRAUSE, MD, Robert L	Philadelphia
KRAUSE, MD, Roland L	Lancaster
KRAUSE, MD, Seymoure	Allegheny
KRAUSS, MD, Jack	Philadelphia
KRAUSZ, MD, Marcos	Delaware
KRAUSZ, MD, Martin R	Philadelphia
KRAVIS, MD, Lillian P	Montgomery
KRAVITZ, MD, Bernard J	Montgomery
KRAVITZ, MD, Charles H	Philadelphia
KRAVITZ, KEVIN D	Student
KRAYBILL, MD, Harold E	Lancaster
KRAYER JR, MD, Nicholas H	Beaver
KRAYNAK, MD, Joseph C	Montgomery
KRAYNICK, MD, Benjamin M	Lehigh
KREBS, MD, James A	Allegheny
KREBS, MD, Stephen J	Cumberland
KREBS III, MD, Festus J	Allegheny
KREGER, MD, Spencer	Cambria
KREGER JR, MD, Oliver J	Westmoreland
KREHL, MD, Willard A	Philadelphia
KREIDER, MD, Edward E	Lebanon
KREIDER, MD, Henry L	Lancaster
KREIDER, MD, John K	Lancaster
KREIDER, MD, John W	Dauphin
KREIDER, MD, Kathleen A	Lancaster
KREINBROOK, MD, Suzanne B	Allegheny
KREISER JR, MD, Joseph R	Dauphin
KREITHEN, MD, Harold	Lehigh
KRELL, MD, Arthur S	Cambria
KREMENS, MD, Victor	Philadelphia
KREMER, MD, Frederic B	Philadelphia
KREMER, MD, Howard U	Philadelphia
KREMER JR, MD, Edwin S	Erie
KREMSER, MD, Charles A	Allegheny
KRENIS, MD, Laurence J	Philadelphia
KRENZEL, MD, Archibald R	Philadelphia
KRESH, MD, Norman N	Allegheny
KRESOCK JR, MD, Frank D	Montour
KRESSLER, MD, Robert J	Philadelphia
KRETZ, MD, Stewart F	Allegheny
KRETZING, MD, Harold G	Cumberland
KREULEN, MD, Thomas H	Philadelphia
KREUZBURG, MD, Robert C	Columbia
KREVOLIN, DO, Larry E	Philadelphia
KREVSKY, MD, Benjamin	Philadelphia
KRICUN, MD, Morrison E	Philadelphia
KRICUN, MD, Robert	Lehigh
KRIEBEL, MD, Dorothy E	Berks
KRIEBEL, MD, Richard H	Bucks
KRIEDMAN, MD, Terry F	Philadelphia
KRIEGER, MD, Benson	Philadelphia
KRIEGER, MD, Harry L	Northampton
KRIEGER, MD, Steven M	York
KRIFCHER, MD, Charles	Fayette
KRIFCHER, MD, Emanuel	Allegheny
KRING, MD, Carroll S	Berks
KRINSKY, MD, Sam Irwin	Cambria
KRISANDA, MD, Joseph B	Lackawanna
KRISCH, MD, Ronald A	Lehigh
KRISHNA, MD, Bhupendra	Chester
KRISHNA, MD, Narendra	Chester
KRISHNAN, MD, Geeta	Columbia
KRISHNAN, MD, Kalyan S	Montour
KRISHNAN, MD, R G	Allegheny
KRISHNAPPA, MD, Boriah N	Westmoreland
KRISHNASWAMI, MD, Subramania	Allegheny
KRISHNASWAMI, MD, V	Allegheny
KRISSINGER, MD, Robert C	Lancaster
KRISTAN, MD, William G	Allegheny
KRISTO, MD, Catherine V	Delaware
KRISTOFIC, MD, John D	Allegheny
KRIVENKO, MD, Charles A	Luzerne
KRIVINKO, MD, Dennis M	Allegheny
KROB, MD, Mary Jeanne	Allegheny
KROEGER, MD, Hilda H	Allegheny
KROL, MD, Ronald C	Berks
KROMASH, MD, Marvin H	Montgomery
KRON, MD, Ira B	Blair
KRON, MD, Kenneth M	Philadelphia
KRON, MD, Samuel D	Philadelphia
KROOP, MD, Howard S	Philadelphia
KROSER, MD, Albert S	Philadelphia
KROSER, MD, Lila S	Philadelphia
KROSNICK, JODY A	Student
KROSNOFF, MD, Michael	Washington
KROSS, MD, Dean E	Allegheny
KROSS, MD, Timothy J	Allegheny
KROT, DO, Alexander A	Jefferson
KROTEC, MD, Joseph W	Philadelphia
KROTEC, MD, Joseph W	Allegheny
KROUSE, MD, John M	Westmoreland
KROUSKOP, MD, Andrew C	Allegheny
KRUG, MD, Edgar S	Centre
KRUGH, MD, Francis J	Allegheny
KRUGH, MD, James W	Allegheny
KRUK, DO, Stephen M	Jefferson
KRUPER, MD, John S	York
KRUPSKI, MD, Carol A	Allegheny
KRUSEN, MD, David E	Lancaster
KRUSZEWSKI, MD, Stefan P	Cambria
KRYWICKI, MD, William J	Luzerne
KRZYWICKI, MD, Paul L	Philadelphia
KUBEK, MD, Kimberly A	Allegheny
KUBER, MD, Matthew E	Philadelphia
KUBIK, MD, Carolyn J	Allegheny
KUCER, MD, Frank T	Bucks

KUCER, MD, Kathleen A	Bucks
KUCHARCZUK, MD, John B	Lehigh
KUHN, MD, Richard H	Erie
KUHNEN, MD, Walter H	Warren
KUHNLEY, MD, Edward J	Centre
KUKLINSKI, MD, Lawrence M	Erie
KUKLINSKI, MD, Louise H	Montgomery
KUKORA, MD, John S	Montgomery
KUKRIKA, MD, Miodrag D	York
KULBASKI, MD, Frank E	Luzerne
KULBASKI, MARK J	Allegheny
KULCZYCKI, MD, Edward	Bradford
KULKARNI, MD, Pradeep K	Cambria
KULLING, MD, David L	Clearfield
KULP, MD, Jeffrey T	Philadelphia
KUMAR, MD, Ashok	Washington
KUMAR, MD, Harinath V	Venango
KUMAR, MD, Prem	Butler
KUMAR, MD, Ravi J	Butler
KUMAR, MD, Satish	Greene
KUMAR, MD, V Hema	Westmoreland
KUMAR, MD, V Rama	Westmoreland
KUMAR, MD, Vasantha R	Philadelphia
KUMAR, MD, Veerandra	Philadelphia
KUN, MD, Joseph	Allegheny
KUNDA, MD, Gopal D	Westmoreland
KUNDU, MD, Sambhu N	Dauphin
KUNKEL, MD, Barbara K	Dauphin
KUNKEL, MD, George A	Fayette
KUNKEL, MD, George W	Dauphin
KUNKEL, MD, Herbert G	Allegheny
KUNKEL, MD, James V	Allegheny
KUNKEL, MD, Mary E	Fayette
KUNKEL, MD, W Minster	Dauphin
KUNKEL, MD, William H	Allegheny
KUNSCHNER, MD, Alan J	Allegheny
KUNSCHNER, MD, Albert J	Allegheny
KUNSMAN, MD, William E	Allegheny
KUNZ, MD, Harold G	Lehigh
KUNZ, ROBERT A	Student
KUO, JAMES S	Student
KUPERSMITH, MD, Stephen J	Bucks
KUPFER, MD, Samuel	Allegheny
KUPP, MD, John H	Carbon
KUPREVICH, DO, William J	Columbia
KURELLO, MD, Phillip J	Luzerne
KUREMSKY, MD, Dale A	Allegheny
KUREY, MD, Robert J	Lancaster
KURTZ, MD, Alfred B	Philadelphia
KURTZ, MD, Charles H	Lancaster
KURTZ, MD, J Stephen	Philadelphia
KURTZ, JAMES W	Student
KURTZ, MD, John E	Allegheny
KURTZ, MD, Michael B	Delaware
KURTZ, MD, Rosa T	Delaware
KURZ, MD, Richard B	York
KURZ, MD, Susan D	York
KUSH, MD, Frank H	Allegheny
KUSH, MD, Margaret B	Allegheny
KUSH, MD, Michael J	Clearfield
KUSHNER, MD, Bertrand	Dauphin
KUSHNER, MD, Lois N	York
KUSHNER JR, MD, George	York
KUSIAK, MD, Joseph F	Philadelphia
KUSIAK, MD, Michael	Luzerne
KUSIAK, MD, Victoria M	Philadelphia
KUSKIN, MD, Louis F	Dauphin
KUSSMAUL, MD, William G	Berks
KUTALEK, MD, Steven P	Philadelphia
KUTCH, MD, James D	Wayne/Pike
KUTNEY, MD, Francis G	Delaware
KUTSCHER, MD, Harlan A	Berks
KUTSENKOW, MD, Michael	Allegheny
KUTTY, MD, Ahmed C	Philadelphia
KUTZ, MD, Charles M	Clarion
KUTZ, MD, Eugene R	Bedford
KUZMA JR, MD, Paul M	Beaver
KWA, MD, Daniel M	Philadelphia
KWA, LINDA A	Allegheny
KWAPIEN, MD, Frederic J	Delaware
KWITKA, MD, George	Crawford
KYLANDER, KRISTIN A	Allegheny
KYLE, MD, G Clayton	Philadelphia
KYNE, MD, Peter J	Allegheny
KYRCZ, MD, Robert W	Philadelphia
KYREAGES, MD, Constantine G	Allegheny
KYRIACOPOULOS, MD, John D	Allegheny

L

LABBATE, MD, Victor A	Luzerne
LABE, MD, Alexander	Philadelphia
LABELLE, MD, Patrice	Montgomery
LABKOFF, STEVEN E	Student
LABORDA, MD, Oscar E	Delaware
LABORDE, ANDREA T	Student
LABOWSKIE, MD, Eugene M	Montgomery
LABRIOLA, PAULA A	Allegheny
LABUDA II, MD, Joseph M	Westmoreland
LABUZ, MD, Eugene F	Luzerne
LACAVARO, MD, Jules A	Delaware
LACE, MD, John W	Philadelphia
LACE, MD, Thomas E	Westmoreland
LACHMAN, MD, Bernard E	Lehigh
LACHMAN, MD, John W	Philadelphia
LACHMAN, MD, Joseph	Delaware
LACKNER, MD, David F	Allegheny
LACOUTURE, MD, Luis	Allegheny
LACZI, MD, Bartolomeu J	Luzerne
LADANI, MD, Chhaganlal D	Allegheny
LADDA, MD, Roger L	Dauphin
LADDEN, MD, Paul A	Philadelphia
LADENHEIM, MD, Steven E	Philadelphia
LADO, MD, Michael	Schuylkill
LADO, MICHAEL D	Student
LAFLEUR, MD, Richard P	Luzerne
LAFOLLETTE, MD, Bruce F	Montour
LAFONTAINE, MD, Mildred H	Philadelphia
LAFONTANT, MD, Raymond F	Philadelphia
LAFONTANT, MD, Robert R	Westmoreland
LAGRIMAS, MD, Fernando C	Northmbrland
LAGUNILLA, MD, Juanito L	Montgomery
LAHAV, MD, Erika	Lehigh
LAIBSON, MD, Peter R	Philadelphia
LAIGON, MD, Eugene E	Carbon
LAING, MD, John W	Franklin
LAING, MD, Patrick G	Allegheny
LAIRD, MD, Archibald	Tioga
LAKATOS, MD, Nicholas R	Luzerne
LAKDAWALA, MD, Shabbir	Allegheny
LAKOVICS, MD, Magnus	Centre
LAKSHMIN, MD, Murali	Berks
LALLI, MD, Joanne M	Lycoming
LALLY, MD, Francis L	Allegheny
LALLY, MD, Francis L	Mercer
LALLY, MD, Michael E	Allegheny
LALLY, MD, Patrick T	Westmoreland
LALUNA, MD, Francis J	Lackawanna
LAM, MD, Carl A	Lehigh
LAMADE, MD, Charles D	Lycoming
LAMAN JR, MD, Paul D	Allegheny
LAMANNA, MD, John V	Berks
LAMARQUE, MD, Edward E	Dauphin
LAMAS, MD, Carlos C	Allegheny
LAMBERG, MD, Randy E	Philadelphia
LAMBERT, MD, Barbara A	Philadelphia
LAMBERT, MD, Kenneth P	Berks
LAMBERT, MD, Robert L	Philadelphia
LAMBERTI, MD, William F	Lackawanna
LAMBERTON, MD, William D	Erie
LAMBERTON, MD, William F	Erie
LAMBERTSEN, MD, Christian J	Philadelphia
LAMBICHI, MD, Marika E	Delaware
LAMBROS, MD, John E	Bucks
LAMBROU, MD, Peter J	Beaver
LAME, MD, Edwin L	Philadelphia
LAMON, MD, Charles P	York
LAMONTE, MD, Thomas E	Fayette
LAMP, MD, Albert L	Erie
LAMP JR, MD, Clyde B	Allegheny
LAMPE II, MD, William T	York
LAMPERSKI, MD, Curtis R	Allegheny
LAMPERSKI, MD, Lloyd G	Allegheny
LAMSBACK, MD, Edward G	Philadelphia
LAN, MD, Sung-Shu	Indiana
LANAUZE, MD, Harry E	Allegheny
LANCASTER JR, MD, Edward L	Lancaster
LANCELLOTTI, MD, Giuseppe	Lancaster
LAND, MD, Alfred J	Schuylkill
LANDAU, MD, Leo W	Luzerne
LANDAU, MD, Philip M	Allegheny
LANDAY, MD, Louis H	Allegheny
LANDAY, MD, Ronald A	Allegheny
LANDER, MD, Jeffrey R	York
LANDER, MD, William W	Montgomery
LANDERMAN, MD, Nathaniel S	Allegheny
LANDES, MD, Ray P	Bucks
LANDFAIR, MD, Roy J	Allegheny
LANDIS, MD, Floyd M	Lancaster
LANDIS, MD, Ray L	Wyoming
LANDIS, MD, Richard M	Lancaster
LANDIS, MD, Robert C	York
LANDIS, TIMOTHY D	Allegheny
LANDIS, MD, William A	York
LANDON JR, MD, Lyndon H	Allegheny
LANDSBERG, MD, Marc A	Philadelphia
LANDWEHR, MD, Douglas M	Allegheny
LANDY, MD, Jules E	Allegheny
LANE, MD, Barbara	Bucks
LANE, MD, C Darrell	Berks
LANE, MD, Jane L	Montgomery
LANE, MD, John D	Bucks
LANE, MD, John F	Washington
LANE, MD, Richard A	Luzerne
LANE, MD, Sally D	Philadelphia
LANG, MD, Gregory M	Lehigh
LANG, MD, Howard N	Allegheny
LANG, DO, John B	Montgomery
LANG, MD, Kathie J	Union
LANG, MD, Nikki	Philadelphia
LANG, MD, Stanley	Jefferson
LANGAN III, MD, E Lawrence	Delaware
LANGE, MD, John A	Erie
LANGE, MD, Julie M	Philadelphia
LANGE JR, MD, Paul C	Allegheny
LANGENHEIM, MD, Geosette A	Washington
LANGER, MD, D Morton	York
LANGFITT, MD, Thomas W	Philadelphia
LANGOL JR, MD, George	Allegheny
LANGON, MD, James	Schuylkill
LANGSTON, MD, William C	York
LANOCE, MD, Louis F	Philadelphia
LANPHER, MD, Gregory B	York
LANSHE, MD, Harold F	Dauphin
LANSING, MD, Dorothy I	Chester
LANTOS, MD, Raymond J	Cambria
LANTZY, MD, Alan	Allegheny
LANZ, MD, Richard K	Allegheny
LANZ JR, MD, Robert J	Allegheny
LANZA, MD, Ralph A	Philadelphia
LANZILLO, MD, Joseph H	Lancaster
LAPAT, MD, Richard C	Philadelphia
LAPAYOWKER, MD, Marc S	Philadelphia
LAPE JR, MD, I Samuel	Lebanon
LAPES, MD, George A	York
LARA, MD, Henry R	Erie
LARACH, MD, David R	Dauphin
LAREAU, MD, Daniel G	Warren
LARGE, MD, Fred D	Washington
LARGE, MD, Hiram S	Northampton
LARGOZA, MD, Naciancenio T	Philadelphia
LARIMER, MD, Mark R	Washington
LARKIN, MD, Francis L	Fayette
LARKIN, JOYCE M	Student
LARKIN, MD, Walter J	Lackawanna
LARKIN, MD, William A	Fayette
LARKIN JR, MD, Michael J	Lawrence
LARKIN JR, MD, Vincent D	Lackawanna
LARKIN JR, MD, Walter J	Lackawanna
LAROSSA, MD, Donato D	Philadelphia
LARRIEU, MD, Alberto J	Philadelphia
LARSON, MD, Christopher E	Allegheny
LARSON, MD, Eleanor	Tioga
LARSON JR, MD, Theodore S	Lycoming
LASALVIA, MD, Lucy A	Philadelphia
LASHER, MD, J Donald	Erie
LASHER, MD, Robert L	Erie
LASKA, MD, Edward M	Delaware
LASKAS, MD, John J	Delaware
LASKAS JR, MD, John J	Delaware
LASKIN, MD, Isadore	Philadelphia
LASOTA, MD, George L	Chester
LATMAN, MD, Stephen F	Berks
LATOFF, MD, Thomas J	Chester
LATOUR, MD, Frantz	Philadelphia
LATOUR, MD, Marie G	Philadelphia
LATSHAW, MD, Robert F	Lancaster
LATTANAND, MD, Saowanee	Delaware
LATTANZI, MD, Daniel R	Allegheny
LATTIMER, MD, Gary L	Lycoming
LATTIMORE, MD, Kenneth R	Susquehanna
LATTIN, MD, Gary M	Berks
LATUSKA, MD, Richard F	Allegheny
LATZKO, MD, Paul J	Luzerne
LAU, MARK T	Student
LAUANDOS, MD, Ibrahim E	Bucks
LAUB, MD, Curtis H	Crawford
LAUB, MD, Irene F	Northampton
LAUBACH, MD, George B	Northampton
LAUBACH JR, MD, Charles A	Montour
LAUBY, MD, Vincent W	Philadelphia
LAUCIUS, MD, J Frederick	Philadelphia
LAUCKS, MD, S Philip	York
LAUCKS, MD, Stephen O	York
LAUCKS II, MD, Samuel S	York
LAUDENSLAGER, MD, Elmer C	Bucks
LAUFE, MD, Marc D	Allegheny
LAUFE, MD, Martin B	Philadelphia
LAUFER, MD, Elizabeth U	Philadelphia
LAUFER, MD, Fred	Lehigh
LAUKAITIS, MD, Ronald B	Lancaster
LAUREANO, MD, Reynaldo E	Butler
LAURY, MD, William L	Philadelphia
LAUTER, MD, O Scott	Philadelphia
LAUTERBACH, MD, Edwin W	Montgomery
LAUTZ, MD, Virginia H	Philadelphia
LAVAN, MD, Donald W	Philadelphia
LAVERAN STIEBER, MD, Rudolf F	Philadelphia
LAVERDE, MD, Philip S	Venango
LAVIN, MD, David M	Erie
LAVIN, DO, Edwin	Philadelphia
LAVIN, MD, Morris	Philadelphia
LAVIN-LESKA, MD, Linda S	Bucks
LAWLESS, MD, David F	Cambria
LAWLOR, MD, Robert J	Montgomery
LAWRENCE, MD, Gary W	Luzerne
LAWRENCE, MD, James B	Philadelphia
LAWRENCE, MD, John W	Delaware
LAWRENCE, MD, Philip H	Monroe
LAWRENCE, MD, Salvatore A	Lackawanna
LAWRENCE JR, MD, Slavatore A	Lackawanna
LAWS, MD, Donna M	Dauphin
LAWSKY, MD, Alan R	Allegheny
LAWSON, MD, Alton L	Allegheny
LAWSON JR, MD, Herman	Dauphin
LAWVENCE, STEVEN J	Student
LAYCHOCK, MD, Anna M	Dauphin
LAYDEN, MD, Paul W	Erie
LAYMAN, MD, Richard P	Franklin
LAYTON, MD, Bradley W	Wayne/Pike
LAZAR, MARK U	Allegheny
LAZAR, MD, Richard J	Luzerne
LAZARO, MD, Deana M	Philadelphia
LAZARO-MORAN, MD, Miguela D	Philadelphia
LAZARUS, DO, Ben G	Lancaster
LAZARUS, MD, Gerald S	Philadelphia
LAZO, MD, Alfonso	Franklin
LAZORIK, MD, Francis C	Delaware
LAZZARO, MD, Theodore A	Westmoreland
LE, MD, Danh V	Washington
LEAL, MD, Gumersindo R	Schuylkill
LEAMAN, MD, David M	Dauphin
LEAMAN, MD, Ivan B	Lancaster
LEAMAN, MD, Phyllis L	Lancaster
LEAR, MD, Benjamin F	Armstrong
LEAR, MD, William L	Indiana
LEARNER, MD, Norman	Philadelphia
LEASE, MD, John R	Luzerne
LEASER, MD, Joseph P	Dauphin
LEAVITT, MD, Herbert M	Northampton
LEAVITT, DO, Richard J	Philadelphia
LEBEAU, MD, Jack	Montgomery
LEBER, MD, David C	Dauphin
LEBER, MD, Paul E	Lycoming
LEBERMAN, MD, Paul R	Philadelphia
LEBMAN, MD, Ronald I	Philadelphia
LEBO, MD, Arland A	Lancaster
LEBOUITZ, MD, Stanton S	York
LEBOVITZ, MD, Charles N	Allegheny
LEBOVITZ, MD, Jerome J	Allegheny
LECHMAN, MD, Michael J	Delaware
LECHMANICK, MD, Eugene A	Allegheny
LECHNER, MD, Frederic C	Lycoming
LECKS, MD, Harold I	Montgomery
LECKS, MD, Leonard E	Philadelphia
LEDDY, MD, Cheryl L	Philadelphia
LEDIS, MD, Robert	Philadelphia
LEDIS, MD, Seymour	Bucks
LEE, MD, Bernard L	Philadelphia
LEE, MD, Bong S	Philadelphia
LEE, MD, Chanchi	Bucks
LEE, MD, Charles Y	Delaware
LEE, MD, Chong S	Northampton
LEE, MD, Chung H	Carbon
LEE, MD, Daniel	Chester
LEE, MD, Edward Y	Lackawanna
LEE, ELIZABETH T	Allegheny
LEE, MD, Ferrol J	Bradford
LEE, MD, Foo T	Allegheny
LEE, MD, H C	Northampton
LEE, MD, Henry F	Philadelphia
LEE, MD, Howard G	Chester
LEE, MD, Howard J	Bucks
LEE, MD, In W	Erie
LEE, MD, James J	Allegheny
LEE, MD, Jangwoo	Schuylkill
LEE, MD, John K	Washington
LEE, MD, Jong Y	Westmoreland
LEE, MD, Jung S	Berks
LEE, MD, Jung-Pil	Berks
LEE, MD, Kenneth K	Huntingdon
LEE, MD, Keun S	Allegheny
LEE, MD, Ki B	Luzerne
LEE, MD, Kwan I	Allegheny
LEE, MD, Kwang W	Philadelphia
LEE, MD, Kyung C	Lackawanna
LEE, MD, Martin L	Montour
LEE, MD, Ook J	Allegheny
LEE, MD, Robert E	Allegheny
LEE, MD, Rotan	Philadelphia
LEE, MD, Sang T	Northampton
LEE, MD, Sangeui L	Allegheny
LEE, MD, Seung C	Crawford
LEE, MD, Stephen E	Allegheny
LEE, WILLIAM E	Allegheny
LEE, MD, Won Y	Schuylkill
LEE, MD, Ying P	Fayette
LEE, MD, Young W	Wayne/Pike
LEE JR, MD, Charles T	Philadelphia
LEE JR, MD, James H	Philadelphia
LEE-LETTVIN, LILLY C	Student
LEECH, MD, John W	Allegheny
LEEGARD, MD, Robert L	Philadelphia
LEEN, MD, Raymond L	Allegheny
LEET, MD, Thomas E	Lehigh
LEFEVER, MD, Gerald S	Philadelphia
LEFEVER, MD, Robert S	Adams
LEFF, MD, Bernard	Allegheny
LEFKOE, MD, Roy T	Philadelphia
LEFKOE, TODD P	Student
LEFKOWITZ, MD, Ilene B	Philadelphia
LEFLER, MD, Kenneth D	Cambria
LEFTON, MD, Harvey B	Philadelphia
LEGENDRE, MD, Gerald M	Montgomery
LEGUM, MD, Ronald M	Lancaster
LEHAK, SARAH C	Allegheny
LEHMAN, MD, Clara M	Allegheny
LEHMAN, MD, Clinton J	Luzerne
LEHMAN, DO, Gregory M	Delaware
LEHMAN, MD, Harvey L	Lancaster
LEHMAN, MD, John W	Beaver
LEHMAN, MD, Nelson R	Lancaster
LEHMAN, MD, Ralph A	Dauphin
LEHMAN, MD, Ruby V	Dauphin
LEHMANN, MD, Dale E	York
LEHRER, MD, Lewis	Philadelphia
LEHRICH, MD, Henry E	Lehigh
LEIBENSPERGER, MD, Stephen N	Allegheny
LEIBOWITZ, MD, Arthur N	Delaware
LEIBOWITZ, MD, Helen A	Delaware
LEIBOWITZ, MD, Leonard D	Allegheny
LEIBY, MD, David K	Bucks
LEICHT, MD, John P	York
LEICHT, MD, Michael J	Montour
LEIGH, MD, Flora B	Delaware
LEIGH, MD, Rewng	Westmoreland
LEIGHT, ROBIN L	Student
LEIGHTON, MD, Joseph	Philadelphia
LEIGHTY, MD, Ralph G	Somerset
LEIMAN, MD, Paul M	Lackawanna
LEINBACH JR, MD, Harvey D	Berks
LEINWEBER, MD, Bruce K	Philadelphia
LEIPHART, MD, Clarence D	Lancaster
LEIPOLD, MD, Robert W	Montour
LEIS, MD, Dean J	Dauphin
LEISAWITZ, MD, Elliott G	Berks
LEISAWITZ, MD, Paul A	Berks

LEISE, MD, Eleanor O	Delaware
LEISTER, MD, C Merrill	Lehigh
LEISTER, MD, Howard A	Bucks
LEITEL, MD, Harold L	Jefferson
LEITNER, MD, Stephen J	Delaware
LEKACH, MD, Jacub	Lackawanna
LEKAWA, MD, Thaddeus	York
LELE, MD, Pramod S	Delaware
LEMAN, MD, William W	Delaware
LEMASTERS, DO, Thomas R	Schuylkill
LEMASTERS, DO, William C	Northmbrland
LEMBERG, MD, Jeffrey D	Allegheny
LEMENTOWSKI, MD, Michal	Fayette
LEMERT, MD, Michael R	Chester
LEMOLE, MD, Gerald M	Philadelphia
LEMONCELLI, MD, Gary L	Allegheny
LEMPERT, MD, Steven L	Allegheny
LENAHAN, MD, Paul J	Luzerne
LENAHEN, MD, Patrick J	Philadelphia
LENCHNER, MD, Gregory S	Philadelphia
LENGEL, MD, Jeffrey M	Lehigh
LENKEY, MD, Joseph L	Allegheny
LENNERT, MD, Joseph B	Northampton
LENOW, MD, Jeffrey L	Bucks
LENOX, MD, Cora C	Allegheny
LENOX, MD, John E	Allegheny
LENOX, MD, Robert J	Bradford
LENTINI, MD, J Charles	Luzerne
LENTINI, MD, Joseph A	Luzerne
LENTON, MD, Herbert P	Cumberland
LENTZ, MD, Conrad L	Northampton
LENTZ, MD, John W	Philadelphia
LENTZ, MD, Kenneth H	Allegheny
LENTZ, MD, Robert E	Lehigh
LENYO, MD, George E	Luzerne
LEO, MD, Louis R	Philadelphia
LEON, MD, Donald F	Allegheny
LEONARD, MD, Marcia W	Lehigh
LEONARD, MD, Michael E	Susquehanna
LEONARD III, DANIEL J	Student
LEONARD JR, MD, Edward C	Philadelphia
LEONE, MD, Charles R	Erie
LEONE, MD, Guy R	Westmoreland
LEONI, MD, Joseph	Berks
LEONIDA, MD, Elfren L	Westmoreland
LEOPOLD, DO, Norman A	Delaware
LEOPOLD, MD, Robert L	Philadelphia
LEOPOLD JR, MD, A Reid	Mifflin/Juni
LEPAR, MD, Edwin	Philadelphia
LERBERG, MD, David B	Allegheny
LERNER, GUY M	Allegheny
LERNER, MD, Harvey J	Philadelphia
LERNER, MD, Samuel M	Lehigh
LEROY, MD, N Blair	Montgomery
LESHOCK, MD, Leon E	Carbon
LESLIE, MD, David C	Washington
LESLIE JR, MD, M Russell	Allegheny
LESNIAK, MD, John P	Lackawanna
LESNOCK, MD, Robert G	Washington
LESSE, MD, S Michael	Northampton
LESSER, BETTINA B	Student
LESSER, GLENN J	Student
LESSER, MD, Robert S	Philadelphia
LESSIG, MD, Harry J	Philadelphia
LESSIN, MD, Stuart R	Delaware
LESTER, MD, Daniel E	Washington
LESTER, MD, Mark C	Lehigh
LETO, MD, Francesco	Philadelphia
LETOCHA, MD, Charles E	York
LETWIN, MD, Lee B	Montgomery
LEUCCI, MD, Gino	Philadelphia
LEUTE, MD, Millard S	Delaware
LEUZZI, ROSEMARIE A	Allegheny
LEVAN, MD, John B	Berks
LEVANDOSKI JR, MD, Gerald J	Montour
LEVENBERG, MD, David	Philadelphia
LEVENDORF, MD, Melvin	Allegheny
LEVENE, ERIC J	Allegheny
LEVENSON, MD, Carl	Philadelphia
LEVENSON, MD, Morton W	Lancaster
LEVERETT, MD, Larry C	York
LEVEY, MD, Barbara A	Allegheny
LEVEY, MD, Gerald S	Allegheny
LEVICK, MD, Leonard J	Philadelphia
LEVICK, MD, Marvin H	Allegheny
LEVICK, MD, Stanley N	Philadelphia
LEVIN, MD, Andrew J	Philadelphia
LEVIN, MD, Barry L	Philadelphia
LEVIN, MD, Daniel M	Dauphin
LEVIN, MD, Gary J	Chester
LEVIN, MD, Gene D	Bucks
LEVIN, MD, Howard M	Erie
LEVIN, MD, Joseph F	Philadelphia
LEVIN, MD, Michael D	Philadelphia
LEVIN, MD, Morris	Bucks
LEVIN, MD, Norman P	Philadelphia
LEVIN, MD, Randy	Dauphin
LEVIN, MD, Richard L	Bucks
LEVIN, MD, Richard M	Lancaster
LEVIN, MD, Robert W	Philadelphia
LEVIN, MD, Ronald M	Philadelphia
LEVIN, MD, Simon	Delaware
LEVIN, STEVEN C	Allegheny
LEVINE, MD, Alan P	Berks
LEVINE, MD, Arnold H	Philadelphia
LEVINE, MD, Arthur L	Lehigh
LEVINE, BRUCE D	Allegheny
LEVINE, MD, Charles R	Lehigh
LEVINE, DANIEL B	Allegheny
LEVINE, MD, Jacob	Westmoreland
LEVINE, MD, Laurie J	Philadelphia
LEVINE, MD, Macy I	Allegheny
LEVINE, MD, Mark A	Montour
LEVINE, MD, Michael	Allegheny
LEVINE, MD, Phillip R	Allegheny
LEVINE, MD, Samuel	Philadelphia
LEVINE, MD, Sheldon R	Allegheny
LEVINSKY, MD, Walter J	Philadelphia
LEVINSON, MD, Bradley A	Allegheny
LEVINSON, MD, Julian P	Allegheny
LEVINSON, MD, Peter G	Allegheny
LEVINSON, MD, Sander J	Lackawanna
LEVINSON, MD, William D	Westmoreland
LEVIS, MD, Michael P	Allegheny
LEVISON, MD, Sandra P	Philadelphia
LEVIT, MD, Edithe J	Philadelphia
LEVIT, MD, Samuel M	Philadelphia
LEVITIN, MICHELLE S	Student
LEVITSKY, MD, Carl M	Philadelphia
LEVITT, MD, Jerry D	Philadelphia
LEVITT, MD, Lawrence P	Lehigh
LEVY, MD, David J	Erie
LEVY, MD, Edwin J	Delaware
LEVY, MD, Howard A	Philadelphia
LEVY, MD, Jeffrey A	Cambria
LEVY, JON A	Allegheny
LEVY, MD, Leslie J	Allegheny
LEVY, MD, Marshall S	Allegheny
LEVY, MD, Michael H	Philadelphia
LEVY, MD, Paul F	Berks
LEVY, MD, Reinhardt D	Allegheny
LEVY, MD, Sharon F	Philadelphia
LEVY, MD, William	Philadelphia
LEVY, MD, William K	Montgomery
LEVYN, DO, Murry E	Bucks
LEW, MD, Chung M	Beaver
LEWANDOWSKI, THOMAS D	Allegheny
LEWBART, MD, Marvin L	Delaware
LEWIN, MD, Julian R	Allegheny
LEWIN, MD, Karl K	Allegheny
LEWIN, MD, Stanley B	Dauphin
LEWINE, MD, Yale S	Cambria
LEWIS, MD, Alan E	Philadelphia
LEWIS, MD, Daniel W	Philadelphia
LEWIS, MD, Earl T	Chester
LEWIS, DO, Gary D A	Dauphin
LEWIS, MD, Gary W	Allegheny
LEWIS, MD, Gregory L	Cumberland
LEWIS, MD, Henry C	Westmoreland
LEWIS, MD, Ivor	Northmbrland
LEWIS, DO, James	Delaware
LEWIS, MD, Kathryn A	Blair
LEWIS, MD, L Clifford	Chester
LEWIS, MD, Maurice J	Dauphin
LEWIS, MD, Mitchell D	Schuylkill
LEWIS, MD, Paul L	Philadelphia
LEWIS, MD, Rachel E	Philadelphia
LEWIS, MD, Rebecca E	Montgomery
LEWIS, MD, Richard P	Allegheny
LEWIS, MD, Robert E	Allegheny
LEWIS, MD, Scott B	Chester
LEWIS, STEPHEN F	Allegheny
LEWIS, MD, Stuart H	Delaware
LEWIS, MD, Thomas J	Washington
LEWIS, MD, William J	Delaware
LEWIS JR, MD, George C	Philadelphia
LEWIS JR, MD, Howard T	Allegheny
LEWIS JR, MD, Thomas J	Allegheny
LEWITT, MD, Michael H	Philadelphia
LEX JR, MD, Joseph R	Philadelphia
LEYENDECKER, JOHN R	Student
LEYZIN, MD, Mara S	Luzerne
LEZEK, MD, Vincent J	Allegheny
LIACHOWITZ, MD, Claire H	Philadelphia
LIANG, MD, David Y	Allegheny
LIANG, MD, Marc D	Allegheny
LIANG, MD, Maria	Allegheny
LIANG, MD, Ping T	Allegheny
LIAW, MD, Michael M T	Philadelphia
LIAW, MD, Wen Haw	Philadelphia
LIBASSI, MARK J	Student
LIBERACE, MD, Ettore V	Delaware
LIBERI, MD, Alfred A	Delaware
LIBERTA, MD, Thomas R	Northampton
LIBORO, MD, Regina K	Philadelphia
LIBUNAO III, MD, Jose P	Venango
LICHTENBERG, MD, Richard A	Delaware
LICHTENSTEIN, MD, Israel	Philadelphia
LICHTENSTEIN, MD, Stephen B	Philadelphia
LICHTER, MD, Isadore A	Allegheny
LICHTER, MD, James G	Allegheny
LICHTMAN, MD, Jeremy O	Delaware
LICHTMAN, MD, Joseph M	Philadelphia
LIDDELL, MD, Albert G	Lycoming
LIDEN, MD, Craig B	Allegheny
LIEB, MD, Michael	Philadelphia
LIEBEN, MD, Jan	Philadelphia
LIEBENBERG, MD, Robert E	Philadelphia
LIEBENTRITT, MD, Frank J	Erie
LIEBER, MD, Claude P	Philadelphia
LIEBERMAN, MD, Daniel	Philadelphia
LIEBERMAN, MD, Donald H	Philadelphia
LIEBERMAN, MD, Francis A	Lehigh
LIEBERMAN, MD, Frederick S	Philadelphia
LIEBERMAN, MD, George E	Philadelphia
LIEBERMAN, MD, Lance A	Blair
LIEBERMAN, MD, Mark E	Philadelphia
LIEBERMAN, MD, Richard M	Lehigh
LIEBERMAN, MD, Samuel	Philadelphia
LIEBERMAN JR, MD, Joseph A	Lehigh
LIEBLER, MD, George A	Allegheny
LIEBMAN, MD, Emil P	Philadelphia
LIEBMAN, MD, Irvin M	Bucks
LIEF, MD, Harold I	Philadelphia
LIFTON, MD, Lester J	Dauphin
LIGGETT, MD, John S	Allegheny
LIGGETT, MD, Joseph G	Allegheny
LIGHT, MD, Harry G	Northampton
LIGHT, MD, John H	Centre
LIGHT, MD, John J B	Lebanon
LIGHT, MD, Wilma C	Westmoreland
LIGHTMAN, MD, David A	Montour
LIGHTSEY, MD, Judith L	Philadelphia
LIGNELLI, MD, Gregory J	Berks
LIGUSH JR, JOHN	Student
LIKOFF, MD, William	Philadelphia
LILIAN, MD, Michael L	Philadelphia
LILIK, MD, Kenneth W	Lackawanna
LILLEY, MD, George W	Delaware
LILLI, MD, Elmo J	Monroe
LILLMARS, DO, Steven A	Montour
LIM, MD, Dawson	Allegheny
LIM, MD, Edward T	Fayette
LIM, MD, Elizabeth G	Allegheny
LIM, MD, Heng-Feng	Dauphin
LIM, MD, Lourdes T	Mercer
LIM, MD, Mario R	Philadelphia
LIM, MD, Michael K	Lackawanna
LIM, MD, Nyok Kheng	Philadelphia
LIM, MD, Osmundo U	Delaware
LIM, MD, Rebecca Bello	Bradford
LIM, MD, Young K	Westmoreland
LIMA, MD, Claudio A	Allegheny
LIMBERAKIS, MD, Anthony J	Philadelphia
LIMBERGER, MD, William A	Chester
LIMBERT, MD, Lawrence	Montgomery
LIMCUANDO, MD, Emiliano D	Somerset
LIMKAKENG, MD, Alexander D	Mercer
LIMOGES, MD, Richard F	Philadelphia
LIN, MD, Angela E	Allegheny
LIN, MD, Ching H	Schuylkill
LIN, MD, Hong-Der	Allegheny
LIN, MD, Luke	Allegheny
LIN, MARK A	Allegheny
LIN, MD, Mei Pu	Schuylkill
LIN, MICHELLE	Student
LIN, MD, Ming-Shek	Allegheny
LIN, MD, Paul M	Philadelphia
LIN, MD, Pu Ching	Elk/Cameron
LIN, MD, Rong-Chung	Allegheny
LIN, ROSINA P	Student
LIN, SHELDON S	Student
LIN, MD, Shiow-Bih	Allegheny
LIN, MD, Wu Jan	Elk/Cameron
LIN, MD, Zwu-Shin	Lehigh
LINCOFF, MD, William	Delaware
LINDBERG, MD, Nicholas O	Philadelphia
LINDBLAD, MD, John H	Allegheny
LINDBLAD, MD, Robert W	Philadelphia
LINDEMUTH, MD, Edmund K	Bucks
LINDENBAUM, MD, Jorge	Allegheny
LINDENFELD, MD, Arthur	Lehigh
LINDER, LAWRENCE S	Student
LINDER, MD, Lisa J	Delaware
LINDHOLM, MD, Dale D	Lackawanna
LINDQUIST, MD, John N	Philadelphia
LINDQUIST, MD, Sheryl L	Chester
LINDSEY, MD, Richard L	Allegheny
LINE, MD, Dennis E	Cumberland
LINEVSKY, JOANNE K	Allegheny
LING, MD, Charles C	Schuylkill
LINGANNA, MD, B Y	Lawrence
LINGAREDDY, VASUDHA	Student
LINGENFELTER, KYLE A	Allegheny
LINGUITI, MD, Charles	Montour
LINHART, MD, Randolph W	Allegheny
LINN, MD, John L	Warren
LINN JR, MD, Jay G	Allegheny
LINNEMANN, MD, Roger E	Philadelphia
LINS, MD, Jeffrey A	Allegheny
LINTGEN, MD, Arthur B	Montgomery
LINTGEN, MD, Charles I	Philadelphia
LINTZMEYER, MD, Emil A	Delaware
LINVILLE, MD, Terry L	Westmoreland
LIPANA, MD, Oscar N	Westmoreland
LIPAPIS, MD, Christy N	Allegheny
LIPCIUS, MD, Frank	Delaware
LIPKIN, MD, David E	Montgomery
LIPMAN, MD, Bernard L	Philadelphia
LIPMAN, MD, Rodney C	Allegheny
LIPMAN, MD, Sidney P	Erie
LIPPA, MD, Erik A	Philadelphia
LIPPA, MD, Linda S M	Philadelphia
LIPPERT, MD, Louis C	Jefferson
LIPPIN, MD, Richard A	Philadelphia
LIPPMANN, MD, Michael L	Philadelphia
LIPPO, MD, Frank L	Philadelphia
LIPSCHUTZ, MD, Arthur	Philadelphia
LIPSCHUTZ, DO, Jay B	Lehigh
LIPSCHUTZ, MD, Louis B	Philadelphia
LIPSCHUTZ, MD, Steven M	Philadelphia
LIPSHUTZ, MD, Harold	Philadelphia
LIPSHUTZ, MD, William H	Philadelphia
LIPSITZ, MD, H David	Allegheny
LIPSIUS, MD, Edward I	Philadelphia
LIPSON, MD, Stephen D	Lycoming
LIPTON, MD, Allan	Dauphin
LIPTON, MD, Steven E	Montgomery
LIPUT JR, MD, Joseph H	Beaver
LIS, MD, Edward T	York
LISAN, MD, Philip	Philadelphia
LISAN, MD, Ronald M	Philadelphia
LISBERGER, MD, Mark D	Delaware
LISKA, MD, John R	Westmoreland
LISKER, MD, Sheldon A	Philadelphia
LISOSKIE, MICHELLE D	Student
LISOWITZ, MD, Gerald M	Westmoreland
LISS, MD, Gilbert A	Chester
LISS, MD, Jonathan	York
LISTA, MD, William A	Delaware
LISTWA, DO, Howard M	Lehigh
LIT, JOAN A	Student
LITCHMAN, MD, Joseph F	Luzerne
LITKA, MD, Paul A	Philadelphia
LITMAN, MD, Stephen E	Montgomery
LITOVSKY, MD, Daniel A	Bucks
LITRENTA, MD, David E	York
LITTLE, MD, Dana W	Allegheny
LITTLE, MD, G Robert	Dauphin
LITTLE, MD, Robert G	Dauphin
LITTMAN, MD, Jeffrey J	Delaware
LITTMAN, MD, Solomon I	Delaware
LITTON, MD, Jason J	Dauphin
LITTON, MD, Linda T	Dauphin
LITVIN, MD, Henry	Montgomery
LIU, MD, Philip G	Wayne/Pike
LIU, MD, Rosita O	Wayne/Pike
LIU, MD, Winston T	Philadelphia
LIVECCHI, MD, John T	Lackawanna
LIVELY, MD, Henry S	Bradford
LIVENGOOD, MD, Margaret A	Luzerne
LIVOLSI, MD, Philip D	Philadelphia
LIZERBRAM, DO, Deborah G	Bucks
LLEWELLYN, MD, William J	Wyoming
LLINAS, MD, Alfredo J	Bradford
LLOYD, MD, David A	Allegheny
LLOYD, MD, Edgar C	Berks
LLOYD, MD, Gerald R	Erie
LLOYD, MD, Jon C	Allegheny
LOBAS, MD, David M	Allegheny
LOBEL, MD, Jeffrey S	Montour
LOBES JR, MD, Louis A	Allegheny
LOBITZ, MD, Stanley A	Luzerne
LOBL, MD, Lawrence T	Allegheny
LOCHHEAD, MD, Harrie B	Philadelphia
LOCKARD JR, JOHN W	Student
LOCKE, MD, David L	Allegheny
LOCKE, MD, Harry R	Montgomery
LOCKETT, DO, Ricky P	Philadelphia
LOCKEY III, MD, Stephen D	Lancaster
LOCKMAN, MD, Bruce E	Philadelphia
LODER, DO, Donald I	Berks
LODISE, MD, Raymond J	Philadelphia
LOEB, MD, Robert L	Erie
LOEB, MD, Roland A	Lancaster
LOEFFLER JR, MD, John G	Cumberland
LOEPER, MD, Donald J	Berks
LOESCH, DANIEL V	Student
LOEV, MD, Marvin	Bucks
LOEW, MD, Clifford G	Philadelphia
LOEWENBERG, MD, Leopold S	Philadelphia
LOFARO, MD, Salvatore A	Delaware
LOFFREDO, LINDA S	Allegheny
LOFINK, PAMELA J	Allegheny
LOFTUS, MD, Joseph A	Luzerne
LOFTUS, MD, Thomas A	Philadelphia
LOFTUS, MD, Thomas M	Philadelphia
LOGAN, ANNE D	Allegheny
LOGAN, MD, Kenneth M	Allegheny
LOGAN, MD, Lewis P	Lycoming
LOGAN, MD, Thomas M	Philadelphia
LOGUE, MD, James G	Philadelphia
LOH, MD, Charles K	Cumberland
LOHIER, MD, Raymond	Philadelphia
LOHMANN, MD, Albert E	Berks
LOIS III, DO, John P	Franklin
LOISIDES, PETER M	Allegheny
LOK, MD, Mai Pai	Schuylkill
LOLLEY, MD, David M	Allegheny
LOMAX JR, MD, Walter P	Philadelphia
LOMBARD, MD, Michael F	Luzerne
LOMBARD, MD, Robert M	Lancaster
LOMBARD, MD, Sharon M	Montour
LOMBARD JR, MD, Robert M	Dauphin
LOMBOY, MD, Norma T	Lehigh
LOMIBAO, MD, Eduardo C	Northampton
LONDINO JR, MD, Aldo V	Allegheny
LONDON, MD, Gladys Z	Delaware
LONDON, MD, Philip	Philadelphia
LONDON, MD, Richard L	Lehigh
LONDON, MD, W Thomas	Philadelphia
LONERGAN, MD, Robert P	Dauphin
LONG, MD, Cathy R	Greene
LONG, MD, David A	Dauphin
LONG, MD, David M	Allegheny
LONG, MD, Edwin T	Allegheny
LONG, MD, Elmer C	Lehigh
LONG, GREGORY S	Allegheny
LONG, MD, J Stephen	York
LONG, MD, Jim T	Greene
LONG, MD, Joseph P	Cumberland
LONG, MD, Kathleen B	Montgomery
LONG, MD, Paul R	Luzerne
LONG, MD, Richard A	Washington
LONG, MD, Robert D	Union
LONG, MD, Ronald A	Huntingdon
LONG, MD, Theodore K	Lebanon
LONG JR, MD, Herbert C	Indiana
LONG JR, MD, William C	Clinton

LONG SR, MD, William L	Philadelphia
LONGABAUGH, MD, Edward E	Dauphin
LONGACRE, MD, Jane M	Montgomery
LONGARINI, MD, Amilcar E	Schuylkill
LONGARINI, MD, Ricardo	Schuylkill
LONGENBACH, MD, Eric W	Lycoming
LONGENDERFER, MD, Roger L	Lancaster
LONGENECKER, MD, Benjamin E	Berks
LONGENECKER, MD, Roger N	Berks
LONGENHAGEN, MD, John B	Lehigh
LONGWELL, MD, Robert H	Lancaster
LONGWELL JR, MD, Benton E	Cambria
LONSDORF, MD, Richard G	Philadelphia
LOOMIS, MD, James W	Lackawanna
LOPATIN, MD, Mark A	Philadelphia
LOPEZ, MD, Aisa G	Philadelphia
LOPEZ, MD, Bernard L	Philadelphia
LOPEZ, MD, Frank W	Dauphin
LOPEZ, MD, Rafael H	Philadelphia
LOPEZ, MD, Ubaldo P	Montour
LOPONTE, MD, Marie A	Philadelphia
LOPRESTI, DO, Anthony J	Montgomery
LOPUSNIAK, MD, Mieczyslaw S	Delaware
LORAH, MD, Kevin N	Montour
LORBER, MD, Stanley H	Philadelphia
LORD, MD, Brian	Philadelphia
LORD, MD, Kenneth J	Erie
LORD, MD, William H	Berks
LORENTZ, MD, Gerald T	Franklin
LORENZ, MD, Howard	Philadelphia
LORENZ III, MD, Stephen A	Allegheny
LORENZO, MD, Frederick V	Adams
LORICO, MD, Abegael N	Philadelphia
LORRY, MD, Ralph W	Philadelphia
LOSASSO, MD, Dominic E	Armstrong
LOSS, DO, Beth A	York
LOTKE, MD, Paul A	Philadelphia
LOTTICK, MD, Edward A	Luzerne
LOTZ, MD, Andrew J	Chester
LOUCKS, MD, James H	Philadelphia
LOUGHEAD JR, MD, John R	Berks
LOUIS-CHARLES, MD, Roy	Philadelphia
LOUKA, MD, Mounir H	Philadelphia
LOUX, MD, Norman L	Bucks
LOVE, MD, Carol A	Philadelphia
LOVE, KARL F	Allegheny
LOVE, MD, Michael B	Philadelphia
LOVE, MD, Willard H	Dauphin
LOVECCHIO, MD, Francis A	Monroe
LOVELAND, MD, Mary W	Philadelphia
LOVELL, MD, Donald R	Blair
LOVERANES, MD, Mariano D	Erie
LOVETT, MD, William J	Lebanon
LOVETTE, MD, John B	Cambria
LOVRINIC, MD, Daniel F	Luzerne
LOVRINIC, MD, William S	Chester
LOW, MD, Diong O	Philadelphia
LOW, MD, Thomas H	Northampton
LOWDER JR, MD, Ralph J	Allegheny
LOWE, MD, David A	Philadelphia
LOWE, MD, Raymond E	Warren
LOWE, MD, Stephen J	Philadelphia
LOWELL, MD, Fred M	Lancaster
LOWERY, MD, Willa D	Allegheny
LOWMAN, MD, Gerald F	Northampton
LOWRY, MD, Don A	Cambria
LOWRY, MD, Donald J	Dauphin
LOWRY, JONATHAN C	Student
LOWRY, MD, Louis D	Philadelphia
LOWY, MD, Howard W	Lancaster
LOWY JR, MD, Alexander D	Allegheny
LOYCHIK, MD, Sandra G	Blair
LOZANO, MD, Ramon G	Allegheny
LU, MD, Luis W	Elk/Cameron
LU, MD, Milton M	Lancaster
LU, MD, Ta Shung	Bradford
LUBAHN, MD, John D	Erie
LUBBE, MD, Willem J	Lycoming
LUBIC, MD, Lowell G	Allegheny
LUBIN, DO, David I	Franklin
LUBIN, MD, Joseph D	Philadelphia
LUBIZKA, MD, Alexandria	Philadelphia
LUBOW, MD, Harry	Westmoreland
LUBOWITZ, MD, Richard M	Montgomery
LUCAS, MD, Irene D	Luzerne
LUCAS, MD, R Dubois	Philadelphia
LUCAS-FEHM, MD, Lynn M	Philadelphia
LUCCA, MD, Michael	Philadelphia
LUCCHINO, MD, David B	Luzerne
LUCENA, MD, Aurora L	Delaware
LUCENA, MD, Ernesto E	Delaware
LUCHACO, MD, Anne L	Philadelphia
LUCHETTE, MD, Albert A	Mercer
LUCIER, MD, Alfred C	Delaware
LUCINE JR, MD, Albert A	Chester
LUDIVICO, MD, Charles L	Northampton
LUDKIEWICZ, MD, Wayne S	Beaver
LUDMER, MD, Mario	Allegheny
LUDOLPH, MD, Carol A	Philadelphia
LUDWICK, MD, David J	Montgomery
LUDWIG, MD, Jacob S	York
LUDWIG, MD, Karl D	Allegheny
LUFT, MD, William C	Bradford
LUGO, MD, Steven J	Blair
LUGUE, MD, Carmela S	Clearfield
LUGUE JR, MD, Amado B	Clearfield
LUI, MD, Angela W K	Philadelphia
LUISTRO, MD, Patria D	Philadelphia
LUKAS, MD, Raymond A	Lycoming
LUKASZCZYK, MD, Thomas A	Northampton
LUKETICH, MD, James D	Philadelphia
LUMB, MD, George D	Philadelphia
LUMINAIS, MD, Steven K	Chester
LUMISH, MD, Robert M	Allegheny
LUNA, MD, Fredesvinda	Clearfield
LUNA, MD, Roberto S	Clearfield
LUND, MD, Peere C	Cambria
LUNDIE, MD, William M	Westmoreland
LUNDY, MD, Barbara S	Montgomery
LUNDY, MD, Theodore	Philadelphia
LUNG, MD, Richard J	Luzerne
LUNSFORD, MD, Lawrence D	Allegheny
LUO, MD, Solomon C	Schuylkill
LUONGO, MD, Joseph C	Delaware
LUONGO JR, MD, Romeo A	Philadelphia
LUPARELLO, MD, Frank J	Allegheny
LUPARIELLO, MD, Angelo D	Allegheny
LUPIN, MD, Gordon W	Montgomery
LUPINETTI, MD, Michael F	Allegheny
LUPO, DO, Stephen F	Erie
LURIE, MD, Abraham A	Montgomery
LUSCH, MD, Charles J	Berks
LUSCOMBE, MD, Herbert A	Philadelphia
LUSSER, MD, Martha A	Lehigh
LUSSIER, MD, Robert G	Clarion
LUSTBADER, MD, Michael L	Beaver
LUTHER, MD, Robert J	Cambria
LUTHRA, MD, Damyanti	Westmoreland
LUTHRA, MD, Manmohan S	Westmoreland
LUTMAN, MD, Frank C	Philadelphia
LUTTERMOSER, MD, Gary K	Dauphin
LUTZ, MD, Harold E	Indiana
LUTZ, MD, Raymond J	Lehigh
LUTZ, MD, Ronald A	Lehigh
LUTZ JR, MD, Roland B	Montgomery
LUYCKX, BENOIT A	Allegheny
LYCHAK, MD, John C	Northampton
LYET, MD, J Paul	Lancaster
LYKENS, MD, Harry D	Centre
LYLE, MD, Donald F	Philadelphia
LYNCH, MD, Christopher G	Lehigh
LYNCH, MD, David A	Blair
LYNCH, MD, James D	Berks
LYNCH, MD, James J	Philadelphia
LYNCH, MD, James P	Philadelphia
LYNCH, MD, James R	Westmoreland
LYNCH, MD, Robert E	Chester
LYNCH, DO, William J	Clarion
LYND JR, MD, Clifford W	York
LYNESS, MD, Samuel S	Montgomery
LYNN, MD, Charles A	Butler
LYNN, MD, Richard E	Westmoreland
LYON, MD, Edward	Lycoming
LYON, MD, William R	York
LYON-LOFTUS, MD, Diana J	Franklin
LYON-LOFTUS, MD, Gregory T	Franklin
LYONS, MD, Carolann W	Erie
LYONS, MD, Christine W	Chester
LYONS, MD, Clifford H	Berks
LYONS, MD, Daniel C	Berks
LYONS, MD, Gary W	Erie
LYONS, GEORGE R	Student
LYONS, MD, John C	Erie
LYONS, MD, Lawrence L	Allegheny
LYONS, MD, Ralph	Schuylkill
LYONS, MD, Richard C	Erie
LYONS, MD, Thomas A	Allegheny
LYONS, MD, Wilbert A	Bucks
LYONS JR, MD, John W	Philadelphia
LYTLE, MD, Larry H	Clinton

M

MAAS, MD, Anthony E	Dauphin
MAAS, MD, Kurt D	Lackawanna
MACARANAS, MD, Renato R	Clearfield
MACARIN, MD, Richard M	Lackawanna
MACCHIAROLI, JOSEPH A	Allegheny
MACDONALD, MD, Allan R	Armstrong
MACDONALD, MD, Douglas A	Allegheny
MACDONALD, MD, George F	Allegheny
MACDONALD, MD, Robert R	Allegheny
MACDOUGALL, MD, Donald B	Allegheny
MACDOUGALL, MD, Howard H	York
MACDOUGALL, MD, James H	Allegheny
MACDOUGALL, MD, Robert D	York
MACEK, MD, Ralph C	Blair
MACFADYEN, MD, Bruce V	Philadelphia
MACHANIC, MD, Harmon J	Lycoming
MACHIKO, MD, Gregory G	Allegheny
MACHIRAJU, MD, V R	Allegheny
MACHT JR, MD, Elmer L	Philadelphia
MACKALL, MD, Samuel J	Luzerne
MACKAY, MD, Bruce R	Bradford
MACKELL, MD, James V	Philadelphia
MACKELL, MD, Thomas E	Bucks
MACKELL JR, MD, James V	Philadelphia
MACKENZIE, MD, Charles E	Warren
MACKENZIE, MD, Iain L	York
MACKENZIE, MD, Norman D	Chester
MACKEY JR, MD, James G	Montgomery
MACKIE, MD, Julius A	Philadelphia
MACKINNEY, MD, Charles C	Philadelphia
MACKLER, MD, Gerald L	Bradford
MACKRELL, MD, James J	Lackawanna
MACKRELL, MD, William P	Lackawanna
MACLACHLAN, MD, Margaret J	Allegheny
MACLACHLAN, MD, William W	Erie
MACLAREN, MD, George A	Montgomery
MACLAY, MD, Patricia L	Allegheny
MACLEAN, MD, Duncan S	Dauphin
MACLEAR, DO, Douglas G	Centre
MACLEOD, MD, Gordon K	Allegheny
MACMILLAN, MD, Bruce B	Allegheny
MACMORAN, MD, Jay W	Philadelphia
MACMURTRIE, MD, William J	Delaware
MACPHAIL, MD, John A	Westmoreland
MACUT, MD, S Sava	Dauphin
MACVAUGH III, MD, Horace	Philadelphia
MACY, MD, Charles T	Montgomery
MADANY, MD, Bahij H	Bucks
MADDEN, MD, Francis P	Bucks
MADDEN, MD, James J	Montgomery
MADDEN, MD, John F	Philadelphia
MADDEN, MD, Kevin G	Lackawanna
MADDEN, LAWRENCE D	Allegheny
MADDEN, MARIAN A	Allegheny
MADDEN JR, MD, Lawrence H	Allegheny
MADDER, DO, Robert D	Beaver
MADDREY, MD, Willis C	Philadelphia
MADELL, MD, Seth D	Philadelphia
MADHAVAN, MD, Vasantha C	Allegheny
MADIANOS, MD, Michael	Philadelphia
MADISETTY, MD, Sasi	Northampton
MADISETTY, MD, Sudhir	Lehigh
MADOFF, MD, Henry R	Allegheny
MADONNA, MD, Harry M	Philadelphia
MADONNA, MD, John J	Lehigh
MADOW, MD, Leo	Philadelphia
MADURA, MD, Joseph R	Mercer
MAERZ, MD, John C	Montgomery
MAFFEO, MD, Alphonse A	Lehigh
MAGARGAL, MD, Helga O	Philadelphia
MAGARGAL, MD, Larry E	Philadelphia
MAGARGEE, DO, Susan P	Philadelphia
MAGARGLE, MD, R Lynn	Dauphin
MAGBOJOS, MD, Quirico R	Franklin
MAGBOJOS, MD, Zenaida V	Franklin
MAGEE, MD, Joan M	Chester
MAGEE, MD, John G	Philadelphia
MAGEE, MD, Joni	Philadelphia
MAGEE, MD, Richard S	Blair
MAGGITTI, MD, Michael J	Chester
MAGID, MD, Warren P	York
MAGIDA, MD, Theodore	Philadelphia
MAGILL, MD, Richard M	Dauphin
MAGILL, MD, William H	Perry
MAGILL III, MD, John T	Union
MAGILNER, MD, Arthur D	Philadelphia
MAGILNER, MD, Louis	Philadelphia
MAGLEY, MD, Robert C	Cambria
MAGLEY, MD, Robert S	Cambria
MAGNANI, MD, Thomas J	Centre
MAGNESS, MD, Rose L	Philadelphia
MAGOVERN, MD, George J	Allegheny
MAGOVERN JR, MD, George J	Allegheny
MAGRAN, MD, Leonardo	Philadelphia
MAGUIRE, DO, F William	Chester
MAGUIRE, MD, Joseph I	Delaware
MAGUIRE, MD, Leo J	Delaware
MAGUIRE, MD, Randall F	Philadelphia
MAGUIRE-LITCHMAN, MD, Maureen R	Luzerne
MAHA, MD, George E	Philadelphia
MAHA JR, ROBERT J	Allegheny
MAHALINGAPPA, MD, C	Westmoreland
MAHAN, MD, James C	Allegheny
MAHAN, MD, John P	Bucks
MAHBOUBI, MD, Riaz	Bucks
MAHER, MD, John C	Allegheny
MAHER, MD, John P	Chester
MAHER, MD, Regis M	Fayette
MAHER, MD, Yvonne B	Allegheny
MAHER JR, MD, Thomas D	Allegheny
MAHMOOD, MD, Arshad	Lawrence
MAHMOOD, MD, Edna Z	Berks
MAHMUD, MD, Faruq	Montour
MAHON, MD, John K	Northampton
MAHON, MD, Marilyn S	Dauphin
MAHON, MD, Wilmer B	Dauphin
MAHON JR, MD, Frank B	Bradford
MAHONEY, JOHN F	Allegheny
MAHOOD, MD, William H	Montgomery
MAHSOOB, MD, Abdul Hamed	Allegheny
MAIDA, MD, Frank V	Westmoreland
MAIER, MD, Willis P	Philadelphia
MAIGUR, MD, William S	Lackawanna
MAINGI, MD, Naresh S	Dauphin
MAINZER, MD, Francis K	Erie
MAINZER, MD, Francis S	Huntingdon
MAINZER, MD, Thomas R	Huntingdon
MAIORANA, MD, S Leroy	Berks
MAISEL, MD, Wilfred	Northampton
MAISH JR, MD, George O	Northampton
MAITIN, MD, Ellen C	Montgomery
MAITLAND, MD, Leah A	Adams
MAIVALD, MD, Pavel	Allegheny
MAJERONI, MD, Barbara A	Potter
MAJESKI, MD, Joseph T	Lackawanna
MAJEWSKI, MD, Jerzy	Armstrong
MAJID, MD, Nasira Y	Montgomery
MAJMUDAR, MD, Vasanti H	Allegheny
MAJOR, MD, David A	Philadelphia
MAKAROUN, MD, Michel S	Allegheny
MAKAROWSKI, MD, William S	Erie
MAKARY, MD, Adel Z	Montour
MAKDAD, MD, Ameene G	Westmoreland
MAKHDOMI, MD, A Rashid	Northampton
MAKHIJA, MD, Kailash R	Carbon
MAKLER, MD, Jacob S	Philadelphia
MAKLER, MD, P Todd	Philadelphia
MAKNOON, MD, Ali A	Venango
MAKOUS, MD, Norman	Philadelphia
MAKSIMAK, MD, Janis F	Montour
MAKSIMAK, MD, Martin	Montour
MAKWANA, MD, Girish N	Cambria
MALCOLM, MD, Donald C	Huntingdon
MALCOLM, MD, John A	Allegheny
MALCOLM JR, MD, John A	Union
MALDONADO, MD, Benjamin A	Clearfield
MALEK, MD, Mansour	Philadelphia
MALEKI, DORDANEH	Student
MALEPATI, MD, Durga	Fayette
MALEPATI, MD, Vasu	Greene
MALEY, MD, Edward D	Lancaster
MALEY, MD, Richard H	Allegheny
MALHOTRA, MD, Narinder K	Allegheny
MALHOTRA, MD, Rajeshwar P	Mifflin/Juni
MALHOTRA, MD, Shashpal	Mifflin/Juni
MALHOTRA, MD, Vijay K	Cambria
MALICK, MD, Donald V	Schuylkill
MALICK, MD, Gerald P	Berks
MALIK, MD, Hussain G	Monroe
MALIK, MD, Khalid M	Armstrong
MALIK, MD, Maqsood A	Schuylkill
MALIK, MD, Mohammed A	Lehigh
MALIK, MD, Rajat P	Jefferson
MALIK, MD, Shakuntala M	Jefferson
MALIN, MD, Thomas H	Dauphin
MALINIAK, MD, Keith K	Dauphin
MALINICK, MD, Charles D	Allegheny
MALINOWSKI, MD, John A	Allegheny
MALISHAUCKI, MD, Mary G	Schuylkill
MALISHAUCKI, MD, Thomas J	Schuylkill
MALIT, MD, Fiorello G	Allegheny
MALIT, MD, Lee A	Montgomery
MALIT, MD, Paulita Y	Allegheny
MALIVER, MD, Deborah S	Indiana
MALIVER, MD, Leonard E	Indiana
MALJOVEC, MD, Joseph J	Warren
MALKIN, MD, Alan G	Philadelphia
MALKIN, MD, Richard L	Philadelphia
MALL, MD, Albert K	Cambria
MALLIN, MD, Richard K	Montgomery
MALLINGER, MD, Michael	Allegheny
MALLINGER, MD, Samuel H	Beaver
MALLIT, MD, Melvin L	Allegheny
MALLON JR, JOSEPH L	Student
MALLOTT, MD, I Floyd	Allegheny
MALLOY, MD, Edward L	Allegheny
MALLOY, MD, Edwin S	Lackawanna
MALLOY, MD, Terrence R	Philadelphia
MALMUD, MD, Leon S	Philadelphia
MALOLES JR, MD, Orlando Z	Delaware
MALONE, MD, Richard P	Philadelphia
MALONE, MD, William J	Venango
MALONEY, MD, Donald W	Montgomery
MALONEY, DO, Michael B	Venango
MALONEY, MD, Richard W	Erie
MALSCH, MD, Evamarie	Philadelphia
MALVAR, MD, Thomas Q	Lawrence
MAMAN, MD, Robert	Montgomery
MAMATAS, MD, Emanuel E	Allegheny
MAMBU, MD, Joseph F	Montgomery
MAMO, MD, George E	Westmoreland
MAMOURIAN, MD, Alexander C	Dauphin
MAMULA, MD, Milton	Allegheny
MANASSE, MD, Howard S	Erie
MANAVI, DANIEL S	Allegheny
MANCALL, MD, Elliott L	Philadelphia
MANCHESTER, MD, George A	Lycoming
MANCIA, MD, Bonita M	Luzerne
MANCINI, MD, Alfred M	Allegheny
MANCINO, MD, Peter J	Lawrence
MANDAL, MD, Sanat K	Philadelphia
MANDARINO, MD, Michael J	Philadelphia
MANDEL, KEITH E	Allegheny
MANDEL, MD, Martin M	Philadelphia
MANDEL, MD, Richard J	Philadelphia
MANDEL, MD, Robert J	Dauphin
MANDEL, MD, Samuel	Philadelphia
MANDEL, MD, Steven	Philadelphia
MANDELKORN, MD, Robert M	Allegheny
MANDELL, MD, Delaine M	Philadelphia
MANDELL, MD, Gerald A	Chester
MANDELL, MD, Morton S	Philadelphia
MANDERS, MD, Ernest K	Dauphin
MANDETTA, MD, Donald F	Centre
MANDLER, MD, John I	Montgomery
MANGAN, MD, Martin J	Allegheny
MANGAN, MD, Thomas F	Montour
MANGANARO, MD, Kimberly J	Mifflin/Juni
MANGANIELLO, MD, Charles M	Luzerne
MANGES, MD, John P	Franklin
MANGES, MD, W Bosley	Philadelphia
MANGO, MD, Albert E	Erie
MANI, MD, Shobha T	Philadelphia
MANIGLIA, MD, Angelo J	Blair
MANIGLIA, MD, Anthony J	Blair
MANIGLIA, RICHARD J	Student
MANIGLIA, MD, Rosario	Dauphin
MANJOO, MD, Qurashia	Washington
MANKIN, KEITH P	Allegheny
MANKO, MD, Michael A	Montgomery
MANKOVICH, MD, Paul A	Westmoreland
MANLEY, MD, Charles R	Susquehanna
MANLEY, MD, Donelson R	Philadelphia
MANLEY, MD, John G	Philadelphia
MANLOVE, MD, Francis R	Philadelphia

MANN, MD, Arthur F	Montgomery
MANN, MD, Douglas G	Delaware
MANN, MD, Irving A	Delaware
MANN, MD, Lowell D	Lancaster
MANN, MD, Orrin	Allegheny
MANN, MD, Richard M	Allegheny
MANN, MD, Robert J	Montgomery
MANN JR, MD, William M	Warren
MANNARINO, MD, Anthony P	Luzerne
MANNING, MD, Dennis M	Allegheny
MANNING, MD, Harry L	Lycoming
MANNING, MD, James A	Allegheny
MANNING, MD, Russell G	Jefferson
MANNINO, MD, Stanley C	Allegheny
MANOS, MD, John E	Somerset
MANRIQUE, MD, Jose V	Luzerne
MANSELL, MD, John L	Lawrence
MANSFIELD, MD, Carl M	Philadelphia
MANSTEIN, MD, Carl H	Philadelphia
MANSTEIN, MD, George	Philadelphia
MANSTEIN, MD, Mark E	Philadelphia
MANSURE, MD, Frank T	Delaware
MANTIA, MD, August M	Allegheny
MANTICA, MD, Robert P	Beaver
MANUBAY, MD, Marcelo A	Berks
MANUEL, MD, Laureano M	Columbia
MANUS, MD, Nathan	Philadelphia
MANUSOW, MD, David N	Allegheny
MANZ, MD, Donald J	Montgomery
MANZELLA, MD, John P	York
MANZETTI, MD, Gene W	Allegheny
MANZIONE, MD, Marc	Montgomery
MANZONE, TIMOTHY A	Student
MAPP, MD, Esmond M	Philadelphia
MAQUERA, MD, Andre G	Lehigh
MARAKOWSKI, DO, James J	Perry
MARASCO JR, MD, Joseph A	Allegheny
MARATTA, MD, Jan W	Allegheny
MARAVALLI, MD, Camille J	Cambria
MARCELLA, MD, Lawrence C	Lawrence
MARCELLI, MD, Gene A	Mercer
MARCELO, MD, Flordeliza S	Philadelphia
MARCH, MD, Herman C	Montgomery
MARCHANT, MD, Deforrest W	Montgomery
MARCHETTO, BARRY E	Allegheny
MARCHETTO, MD, Paul A	Philadelphia
MARCINCIN, MD, Robert P	Northampton
MARCONIS, MD, Joseph T	Schuylkill
MARCOS, MD, Cecilia S	Philadelphia
MARCUCCI, MD, James W	Allegheny
MARCUS, MD, Donald K	Philadelphia
MARCUS, MD, Florence L	Allegheny
MARCUS, MD, Gary J	Beaver
MARCUS, MD, Jerome I	Berks
MARCY, MD, Joseph H	Allegheny
MARDEN, MD, Philip A	Philadelphia
MARFATIA, MD, Sudhir K	Bucks
MARFATIA, MD, Usha S	Bucks
MARGARIDA, MD, Leopoldo E	Montgomery
MARGATE, MD, Pedro R	Philadelphia
MARGIE JR, MD, Walter E	Northampton
MARGOLES, MD, Louis	Philadelphia
MARGOLIN, MD, Chaim J	Philadelphia
MARGOLIS, MD, Andrew L	Allegheny
MARGOLIS, MD, Bernard	Philadelphia
MARGOLIS, MD, Bernard M	Dauphin
MARGOLIS, MD, Harry M	Allegheny
MARGOLIS, MD, Stephen H	Philadelphia
MARGRAF, MD, John W	Lehigh
MARGUGLIO, DO, A Eugene	Clarion
MARGULIES, MD, Milton	Delaware
MARI-MAYANS, MD, Juan B	Cambria
MARIANI, MD, Stephen S	Lackawanna
MARIANO JR, MD, Benedicto P	Westmoreland
MARIANO JR, MD, Tomas A	Lycoming
MARIGLIO JR, MD, Joseph A	Berks
MARINARI, MD, Lawrence A	Montgomery
MARINELLI, RICCARDO R	Allegheny
MARINER, MD, David R	Luzerne
MARINO, MD, Daniel J	Delaware
MARINO, MD, Joseph N	Lackawanna
MARINO, MD, Joseph V	Bradford
MARION, MD, Roy H	Beaver
MARK, MD, George E	Philadelphia
MARK, MD, William S	Chester
MARKARIAN, MD, Michael	Susquehanna
MARKER, BRENDA L	Allegheny
MARKLEY, MD, Ralph	Lawrence
MARKMANN, MD, William J	Philadelphia
MARKOE, MD, Arnold M	Philadelphia
MARKOFF, MD, Joseph I	Philadelphia
MARKOSI JR, MD, Charles	Monroe
MARKOW, MD, Harry G	Philadelphia
MARKOWITZ, MD, Philip I	Philadelphia
MARKS, DO, Barry L	Philadelphia
MARKS, DO, Burton	Lebanon
MARKS, MD, Fred S	Allegheny
MARKS, MD, Gerald	Philadelphia
MARKS, MD, Meyer A	Philadelphia
MARKS, MD, Pauline C	Allegheny
MARKS, MD, Stanley M	Allegheny
MARKS, MD, Victor J	Montour
MARKSON, MD, Victor I	Beaver
MARLING, MD, Ray	Allegheny
MARLOWE, MD, Frank I	Philadelphia
MARLOWE, SCOTT D	Student
MARMAR, MD, Earl C	Philadelphia
MARMO, MD, Theodore	Lackawanna
MARNATTI, MD, Carl T	Allegheny
MARON, MD, John J	Montgomery
MARON, MD, Norman L	Northampton
MARONE, MD, Phillip J	Philadelphia
MAROON, MD, Joseph C	Allegheny
MAROUN, MD, William J	Carbon
MARQUEZ, MD, Pedro A	Fayette
MARRANGONI, MD, Albert G	Allegheny
MARRERO, MD, Roger A	Northampton
MARRERO-AMMANN, MD, Luis B	Mifflin/Juni
MARRONE, MD, Michael S	Lebanon
MARRONE, MD, R Thomas	Montgomery
MARRYSHOW, MD, Basil A	Allegheny
MARSDEN, JENNIFER S	Allegheny
MARSH, MD, Carol L	Chester
MARSH, MD, Robert J	Erie
MARSH, MD, William E	Westmoreland
MARSHALL, MD, David S	Schuylkill
MARSHALL, MD, E Wayne	Philadelphia
MARSHALL, MD, Helen L	Schuylkill
MARSHALL, MD, Jack H	Erie
MARSHALL, MD, Jane M	Venango
MARSHALL, MD, John E	Berks
MARSHALL, MD, John S	Beaver
MARSHALL, MD, Linda R	Chester
MARSHALL, DO, Lonnie L	Allegheny
MARSHALL, MD, William C	Allegheny
MARSHALL JR, MD, Matthew	Allegheny
MARSICO, DO, Dominic E	Delaware
MARTE, MD, Egon	Dauphin
MARTELLA JR, MD, Arthur	Montgomery
MARTHOUSE, MD, Stephen J	Mifflin/Juni
MARTIN, MD, Arthur E	Lancaster
MARTIN, MD, C Edwin	York
MARTIN, MD, Charles D	Allegheny
MARTIN, MD, Donald E	Lebanon
MARTIN, DO, Elvin L	Somerset
MARTIN, MD, Frederick H	Lehigh
MARTIN, MD, Fredric W	Allegheny
MARTIN, MD, Gerald B	Cumberland
MARTIN, MD, Horace F	Adams
MARTIN, MD, J Campbell	Columbia
MARTIN, MD, J Scott	Montour
MARTIN, MD, James S	Lancaster
MARTIN, MD, James W	Crawford
MARTIN, MD, James W	Allegheny
MARTIN, MD, John H	Philadelphia
MARTIN, MD, Joseph A	Allegheny
MARTIN, MD, Louis F	Dauphin
MARTIN, MD, Manuel T	Allegheny
MARTIN, MD, Martina M	Montgomery
MARTIN, MD, Melanie C	Montgomery
MARTIN, MD, Philip G	Philadelphia
MARTIN, MD, Richard A	Lackawanna
MARTIN, MD, Thomas G	Dauphin
MARTIN, MD, Thomas J	Philadelphia
MARTIN, MD, Thomas J	Montour
MARTIN, MD, Thomas J	Northampton
MARTIN JR, MD, John B	Washington
MARTIN JR, MD, Philip R	Monroe
MARTINA, DO, Peter A	Washington
MARTINEZ, MD, Augusto J	Allegheny
MARTINEZ, MD, Jess M	Washington
MARTINEZ, MD, Jorge A	Allegheny
MARTINEZ, MD, Juan C	Westmoreland
MARTINEZ, MARY	Student
MARTINEZ, MD, Zeferino	Berks
MARTINEZ-HERNANDEZ, MD, Antonio	Philadelphia
MARTINI, MD, Enrico T	Lancaster
MARTINI, MD, Susan L	Allegheny
MARTINI, MD, Victor S	Erie
MARTONE, MD, Christine	Allegheny
MARTONE, MD, Louis H	Allegheny
MARTSOLF, MD, John	Beaver
MARTSOLF, MD, Robert H	Mercer
MARTUCCI, MD, John J	Monroe
MARTUCCI, MD, William J	Monroe
MARTYAK, MD, Emil T	Luzerne
MARTYAK, DO, Gabriel S	Montour
MARTYAK, MD, Nicholas A	Luzerne
MARTYN, MD, Lois J	Philadelphia
MARTYNEC, MD, Bohdan	Bucks
MARTZ, MD, Mark N	Lehigh
MARTZLUF, MD, Douglas R	Franklin
MARVA, MD, Donald J	Philadelphia
MARVI, MD, Davoud	Lehigh
MARVIN, MD, Robert F	Delaware
MARWAHA, MD, Asha	Butler
MARWAHA, MD, Raj Kumar	Butler
MARX, MD, Marvin H	Montgomery
MARYNIAK, MD, Girard M	Berks
MARZEWSKI, MD, David J	Montour
MASANKAY, MD, Manuel G	Lackawanna
MASARACHIA, MD, Sam C	Philadelphia
MASCIOTRA, MD, Nicholas J	Cambria
MASH, MD, Marlene J	Montgomery
MASH, MD, Michael J	Montgomery
MASIN, MD, F Ned	Allegheny
MASLAND, MD, David S	Cumberland
MASLOFF, MD, Melvin L	Philadelphia
MASON, MD, Charles E	Venango
MASON, MD, Daniel	Philadelphia
MASS, MD, Burton	Philadelphia
MASSANISO, MD, Frank P	Philadelphia
MASSENGALE, MD, Alexander T	Berks
MASSEY, MD, Gordon J	Erie
MASSUCCI, JAMES E	Allegheny
MASSULLO JR, MD, Ralph E	Fayette
MAST, MD, Clarence M	Wyoming
MAST, MD, Truman E	Lancaster
MASTANDREA, MD, Carl A	Allegheny
MASTERS, MD, Raymond E	Allegheny
MASTERS, MD, Ruth S	Allegheny
MASTRANGELO, MD, Michael J	Philadelphia
MASTRIAN, MD, Anthony S	Lawrence
MASTRINE, MD, Larry R	Cambria
MASTROIANNI, MD, Luigi	Philadelphia
MASTROPIETRO, MD, N Anthony	Lancaster
MASTRY, MICHAEL G	Allegheny
MATADAR, MD, Akbar G	Allegheny
MATARESE, MD, Emil L	Bucks
MATEER, MD, Eugene H	Centre
MATEER, MD, John E	Centre
MATEER JR, MD, Harry O	Schuylkill
MATEYA, DENNIS J	Allegheny
MATEYA JR, MD, Louis P	Allegheny
MATHAI, MD, John	York
MATHEWS, MD, Robert S	Lancaster
MATHEWS JR, MD, Neilson M	Montgomery
MATHIS, MD, James S	Clearfield
MATHIS, MD, Robert P	Luzerne
MATHUR, MD, Ajay K	Cambria
MATHUR, MD, Dinesh P	Cambria
MATHUR, MD, Kailash	Schuylkill
MATLIN, DO, Emily W	Dauphin
MATLIN, MD, Robert A	Lancaster
MATRAGRANO, MD, Andrew P	Montour
MATSKO, JANE R	Student
MATSKO, MD, Janine A	Philadelphia
MATSKO, MD, Michael E	Luzerne
MATSUMOTO, MD, Teruo	Philadelphia
MATTA, MD, Isaac I	Bradford
MATTA, MD, Shoukry	Lawrence
MATTAS, MD, Oliver E	Blair
MATTEI, MD, Frank A	Philadelphia
MATTEUCCI, MD, Walter V	Philadelphia
MATTHEWS, MD, George R	Berks
MATTHEWS, MD, James W	Mifflin/Juni
MATTLEMAN, DO, Joel H	Lancaster
MATTSON, MD, Ronald J	Montgomery
MATULEWSKI, MD, Thomas J	Delaware
MATUNIS, MD, Joseph J	Perry
MATUNIS, MD, Suzanne F	Allegheny
MATUS, MD, Nancy R	Northampton
MATZELLE, MD, Donald W	Franklin
MATZKO, JOHN	Student
MAURER, MD, Carol N	Venango
MAURER, MD, Philip M	Delaware
MAURIELLO, DO, Charles A	Philadelphia
MAURIELLO II, MD, Alfred J	Chester
MAURO, KIRK J	Allegheny
MAUST, MD, Paul E	Butler
MAXIN, MD, Charles W	Centre
MAXWELL, MD, Doris B	Westmoreland
MAXWELL, MD, Emilie L	Montgomery
MAXWELL, MD, Ned G	Allegheny
MAXWELL JR, MD, Robert A	Montgomery
MAY, MD, Daniel C	Wayne/Pike
MAY, MD, John C	Lancaster
MAY, MD, Mark M	Allegheny
MAY, MD, Robert E	Philadelphia
MAYBERRY, DO, Joseph J	Lancaster
MAYDAK, DO, John H	Schuylkill
MAYER, MD, Bernard W	Montgomery
MAYER, MD, David P	Philadelphia
MAYER, MD, Eugene M	Philadelphia
MAYER, MD, Henry S	Montgomery
MAYER, MD, Nathaniel H	Philadelphia
MAYER, MD, Philip J	Cambria
MAYERNIK, MD, David G	Allegheny
MAYERS JR, MD, Stanley P	Centre
MAYES, MD, Richard L	Montgomery
MAYHEW, MD, J Morgan	Westmoreland
MAYLOCK, MD, John H	Bedford
MAYO, LMD, Edith A	Delaware
MAYO, MD, James P	Westmoreland
MAYOCK, MD, Robert L	Philadelphia
MAYRO, MD, Julian	Philadelphia
MAYS, MD, Richard R	Lycoming
MAZAHERI, MD, Ahmed	Bucks
MAZER, MD, Howard	Philadelphia
MAZER, MD, Julius	Allegheny
MAZERO, MD, John R	Westmoreland
MAZIARZ, MD, Dennis M	Bucks
MAZICH, MD, Theresa E	Bucks
MAZUZ, MD, Meir	Berks
MAZZA, MD, Joseph L	Allegheny
MAZZA JR, MD, Patrick A	Berks
MAZZEI, MD, Joseph M	Allegheny
MAZZOLA, MD, Robert D	Montgomery
MCADAMS, MD, Andrew J	Allegheny
MCAFEE, MD, Roy D	Venango
MCAFOOS, MD, J Allen	Allegheny
MCALEER, MD, David J	Delaware
MCALLISTER, MD, Helen B	Philadelphia
MCALLISTER, MD, John D	Allegheny
MCALLISTER II, JOHN D	Allegheny
MCALOOSE, MD, Louis T	Luzerne
MCANDREW, MD, Francis J	Northampton
MCANDREW, MD, John J	Lackawanna
MCANDREW, MD, Paul C	Lackawanna
MCANENY, MD, John B	Cambria
MCARDLE, MD, David Q	Westmoreland
MCARDLE, MD, Gilbert C	Adams
MCARDLE, MD, M Jacquelyn	Adams
MCAULIFFE, MD, Thomas C	Philadelphia
MCAVOY, MD, William B	Allegheny
MCBETH JR, MD, Orville G	Adams
MCBRIDE, MD, James G	Northampton
MCCABE, MD, James L	Montgomery
MCCABE, MD, John S	Washington
MCCADDEN, MD, Joseph A	Delaware
MCCAFFERTY, MD, John P	Philadelphia
MCCAFFERTY, MD, Michael H	Allegheny
MCCAGUE, MD, James J	Allegheny
MCCAGUE, MD, Ned J	Allegheny
MCCAHAN, MD, Wesley F	Bedford
MCCAIRNS, MD, Robert G	Philadelphia
MCCALL, MD, William M	Dauphin
MCCANDLESS, MD, David P	Venango
MCCANDLESS, MD, Warren J	Venango
MCCANN, DO, James E	Beaver
MCCANN, MD, William D	Lancaster
MCCARRELL, MD, John K	Washington
MCCARRON, MD, Daniel J	Philadelphia
MCCARTER, MD, Samuel B	Venango
MCCARTHY, CORNELIUS S	Student
MCCARTHY JR, MD, John J	Allegheny
MCCARTNEY, MD, Ronald L	Erie
MCCAULEY, MD, Francis P	Philadelphia
MCCAULEY, MD, William C	Lycoming
MCCAUSLAND, MD, Paul J	Delaware
MCCENSKY, GAIL M	Allegheny
MCCHESNEY JR, MD, Charles T	Chester
MCCLAIN, MD, Charles B	Mifflin/Juni
MCCLAIN JR, MD, Edward J	Allegheny
MCCLAIN JR, MD, Fred H	Huntingdon
MCCLELLAN, MD, R Michael	Delaware
MCCLELLAN, MD, William A	Allegheny
MCCLENAHAN, MD, J Everett	Allegheny
MCCLENATHAN, MD, James E	Adams
MCCLINTIC, DO, William R	Bradford
MCCLINTOCK, MD, W Creighton	Allegheny
MCCLOSKEY, MD, David S	Philadelphia
MCCLOSKEY, MD, Richard C	Allegheny
MCCLOSKEY, MD, Sister Ann M	Berks
MCCLOSKEY, DO, Timothy J	Lycoming
MCCLOWRY, MD, James T	Allegheny
MCCLOY, MD, Merritt J	Westmoreland
MCCLUNG, MD, Larry S	Westmoreland
MCCLURE, MD, Jonathan K	Beaver
MCCLURE, THOMAS A	Allegheny
MCCLURE, MD, Thomas D	Westmoreland
MCCLURKEN, MD, James B	Montgomery
MCCLUSKY, MD, Robert C	Venango
MCCOLLUM, MD, George R	Allegheny
MCCOLLUM, MD, Michael F	Philadelphia
MCCOMBS, MD, Elaine M	Montgomery
MCCOMBS, MD, Peter R	Philadelphia
MCCOMBS, MD, Ray D	Erie
MCCONAGHY, JOHN R	Allegheny
MCCONAHY, MD, John G	Lawrence
MCCONNEL JR, MD, Charles S	Lehigh
MCCONNELL, MD, Edward L	Philadelphia
MCCONNELL JR, MD, David M	Warren
MCCONVILLE, MD, John H	York
MCCORD, MD, James A	Montgomery
MCCORMICK, MD, Alexander R	Allegheny
MCCORMICK, DO, Daniel J	Philadelphia
MCCORMICK, MD, George M	Centre
MCCORMICK, MD, John L	Philadelphia
MCCORMICK, MD, John V	Montour
MCCORMICK, MD, Lee H	Allegheny
MCCORMICK, MARIANNE P	Student
MCCORMICK, MD, Mark W	Beaver
MCCOY, MD, Andrea C S	Dauphin
MCCOY, MD, Catherine F	Montgomery
MCCOY, MD, Robert L	Northampton
MCCOY, MD, Thomas D	Indiana
MCCOY III, MD, William H	Allegheny
MCCOY JR, MD, George W	Northampton
MCCRACKEN, MD, Stewart	Philadelphia
MCCRAE, MD, Charles R	Berks
MCCRAE, MD, Marcia G	Berks
MCCREARY III, MD, Thomas W	Beaver
MCCUNE, MD, Wallace G	Philadelphia
MCCURDY, MD, Dino E P	Philadelphia
MCCURDY, MD, Layton	Philadelphia
MCCURDY, MD, Richard R	Delaware
MCDANIEL JR, MD, Everett S	Philadelphia
MCDERMIT, MD, John R	Philadelphia
MCDERMOTT, MD, Robert W	Allegheny
MCDERMOTT, MD, Robert W	Cumberland
MCDERMOTT JR, MD, Harry M	Centre
MCDONALD, MD, David R	Allegheny
MCDONALD, MD, Donald J	Philadelphia
MCDONALD, MD, Herbert M	Lackawanna
MCDONALD, MD, Kenneth M	Lehigh
MCDONALD, MD, Marilyn R	Northampton
MCDONALD, MD, Thomas A	Montgomery
MCDONALD JR, DO, James F	Philadelphia
MCDONALD JR, MD, Robert H	Allegheny
MCDONNELL, MD, Thomas J	Lackawanna
MCDONNELL, MD, William V	Philadelphia
MCDONNELL-DATTILO, MD, Colleen	Allegheny
MCDONOUGH, MD, Gerard A	Lehigh
MCDOUGALL, MD, William A	Allegheny
MCDOWELL, MD, Edward P	Indiana
MCDOWELL, MD, Mary J	Allegheny
MCDOWELL, MD, Richard M	Cambria
MCELLIGOTT, MD, James B	Mckean
MCELREE, MD, James C	Mercer
MCELREE JR, MD, Frank E	Mercer

MCELROY, MD, Philip K	Montgomery
MCELROY, MD, Walter D	Allegheny
MCEVOY, MD, Robert F	Northampton
MCFADDEN, MD, John F	Bucks
MCFARLAND, MD, Malcolm D	Philadelphia
MCGANN, MD, Thomas R	Clinton
MCGARRITY, MD, Susan J	Lebanon
MCGARRY, MD, Thomas F	Delaware
MCGARRY, MD, Thomas F	Bucks
MCGARRY-MYERS, MD, Robin J	Delaware
MCGARVEY, MD, Joseph F	Bucks
MCGARVEY, MD, Richard N	Allegheny
MCGAVIC, MD, John S	Montgomery
MCGEADY, MD, Stephen J	Philadelphia
MCGEARY, MD, James E	Warren
MCGEARY, MD, Joseph D	Philadelphia
MCGEARY, MD, Lester E	Westmoreland
MCGEE, DALE L	Allegheny
MCGEE, MD, Elizabeth L	Montgomery
MCGEE, MD, Michael J	York
MCGEE JR, MD, Joseph P	Delaware
MCGEEHAN, MD, John F	Lackawanna
MCGEEHAN, MD, John T	Chester
MCGEEHAN, MD, Paul A	Erie
MCGEEHIN III, MD, Frank C	Montgomery
MCGEHEE, MD, Daniel	Venango
MCGEHEE, MD, Edward H	Philadelphia
MCGEORGE, MD, Francis R	Allegheny
MCGILL, MD, Herman I	Philadelphia
MCGILL, MD, Regina B	Delaware
MCGINNIS, MD, Andrew W	Delaware
MCGLAUGHLIN, MD, Michael J	Adams
MCGLUMPHY, MD, Thomas H	Montgomery
MCGLYNN JR, MD, Thomas J	Dauphin
MCGOFF, MARI A	Student
MCGONIGAL, MD, Michael P	Allegheny
MCGOWAN, MD, William E	Delaware
MCGRATH, MD, Edmund W	Luzerne
MCGRATH, GLENN A	Student
MCGRATH, MD, Joseph M	Dauphin
MCGRATH, DO, Robert C	Westmoreland
MCGRATH, DO, William J	Westmoreland
MCGRAW, MD, Donald J	Allegheny
MCGRAW, MD, Thomas E	Philadelphia
MCGRAW JR, MD, John J	Bucks
MCGREEVEY, MD, John R	Philadelphia
MCGRUDER, MD, Ewart G	Philadelphia
MCGUIGAN, MD, Thomas M	Philadelphia
MCGUIRE, BRENDAN M	Allegheny
MCGUIRE, MD, James J	Northampton
MCGUIRE, MD, Richard J	Centre
MCGUIRE, MD, Sean P	Allegheny
MCGUIRE, MD, Thomas E	Erie
MCHENRY, MD, D J	York
MCHENRY, MD, Thomas	Allegheny
MCHUGH, MD, Elmer F	Allegheny
MCHUGH, MD, Regis W	Westmoreland
MCHUGH, MD, Richard D	Allegheny
MCILVAINE, MD, Paul W	Bucks
MCINROY, MD, Robert D	Dauphin
MCINTYRE, MD, Edward S	Lehigh
MCIVOR, MD, Owen R	Philadelphia
MCJUNKIN, MD, Cheryl L	Erie
MCKEATING, MD, Philip J	Allegheny
MCKEE, MD, Edward T	Delaware
MCKEE, MD, Michael B	Lancaster
MCKEE, MD, Robert E	Butler
MCKEE, MD, Roderick S	Philadelphia
MCKEE, MD, Timothy R	Montgomery
MCKEE, MD, Wayne O	Somerset
MCKEIGHAN EXEC DIR, DAVID	Delaware
MCKELVEY, MD, Mary E	Philadelphia
MCKENNA, MD, Marc W	Montgomery
MCKENNA, MD, Thomas J	Cambria
MCKENNA JR, MD, Ernest L	Montgomery
MCKENZIE, MD, James G	Franklin
MCKENZIE, MD, Ray	Allegheny
MCKEOWN, MD, Henry G	Clinton
MCKEOWN JR, MD, John J	Philadelphia
MCKINLEY, MD, Donald R	Cambria
MCKINLEY, MD, Erin A	Venango
MCKINLEY, MD, Richard G	Cambria
MCKINLEY, MD, Wayne S	Jefferson
MCKINLEY, MD, William M	Clarion
MCKINNEY, MD, Henry D	Blair
MCKINNEY, MD, William L	Berks
MCKINSTRY, MD, Robert B	Chester
MCKNIGHT, MD, Alice M	Allegheny
MCKNIGHT, MD, Lancess	Delaware
MCKRISKY, MD, Paula J	Philadelphia
MCLAMB, MD, James R	Crawford
MCLANE, MD, Rogers D	Clearfield
MCLAUGHLIN, MD, Edward	Delaware
MCLAUGHLIN, MD, Edward D	Philadelphia
MCLAUGHLIN, MD, Frank W	Lancaster
MCLAUGHLIN, MD, George E	Philadelphia
MCLAUGHLIN, MD, James T	Allegheny
MCLAUGHLIN, MD, John J	Delaware
MCLAUGHLIN, DO, John P	Dauphin
MCLAUGHLIN, MD, Kevin P	Luzerne
MCLAUGHLIN, MD, Mary J	Montgomery
MCLAUGHLIN, MD, Raymond S	Chester
MCLAUGHLIN, MD, Thomas W	Schuylkill
MCLAUGHLIN, MD, William B	Allegheny
MCLAUGHLIN JR, MD, Guy W	Philadelphia
MCLEAN, MD, James J	Berks
MCLELLAN JR, MD, Thomas G	Fayette
MCLEOD, MD, Roderick R	Lackawanna
MCLIN, MD, Leon N	York
MCLOONE, MD, John C	Montgomery
MCLUCAS, MD, Russell C	Franklin
MCMAHAN, MD, Joseph N	Washington
MCMAHON, MD, William J	Washington
MCMAHON JR, MD, Joseph F	Northampton
MCMASTER, MD, Gilbert B	Washington
MCMASTER, MD, James H	Allegheny
MCMILLAN, MD, Donald L	Allegheny
MCMILLAN, MD, James E	Allegheny
MCMILLAN, MD, William B	Allegheny
MCMILLEN, MD, James I	Dauphin
MCMONAGLE, MD, Carey L	Fayette
MCMURRAY, MD, Henry A	Westmoreland
MCMURRY, MD, Fred G	Montour
MCNALL, MD, Pearl G	Allegheny
MCNALLY, MD, Charles F	Philadelphia
MCNAMARA, MD, J Arch	Philadelphia
MCNAMARA, DO, Thomas W	Allegheny
MCNAMEE SR, MD, William B	Delaware
MCNAUGHER, MD, William M	Allegheny
MCNEAL, MD, Samuel W	Lancaster
MCNEIL, MD, John	Mckean
MCNEIL, MD, Peter E	Dauphin
MCNEIL-JACOBI, MD, Athole G	Philadelphia
MCNEILL, MD, Donald B	Erie
MCNELLIS, MD, Donald R	Northampton
MCNETT, MD, Dale L	Warren
MCNICHOLAS, MD, Edward M	Montgomery
MCNICHOLAS, MD, Kathleen W	Philadelphia
MCNULTY, MD, Barbara N	Allegheny
MCNULTY, MD, Larry P	Allegheny
MCNUTT, MD, Frank H	Armstrong
MCPEAK JR, MD, Vincent J	Philadelphia
MCQUIGG, MD, Richard N	Allegheny
MCSORLEY, MD, Maryann B	Philadelphia
MCSORLEY III, MD, John	Allegheny
MCTAMMANY, MD, J Robert	Berks
MCVAY, MD, William J	Allegheny
MCWHIRTER, MD, William R	Mercer
MCWILLIAMS, MD, Fred D	Westmoreland
MEAD, MD, Robert M	Erie
MEADOWCROFT, MD, James A	Montgomery
MEAL, MD, Katharine J	Allegheny
MEALS, MD, Margaret E	Allegheny
MEANOR JR, MD, Harold H	Allegheny
MEARS, MD, Dana C	Allegheny
MEARS, MD, Elmer E	Bucks
MEARS, MD, Virginia G	Lancaster
MEBANE, MD, Tom S	Centre
MEBANE III, MD, Tom S	Centre
MECCA, MD, Donato D	Lackawanna
MECCA, MD, John J	Lehigh
MECHANICK, MD, Philip G	Philadelphia
MEDDEN, MD, Edwin J	Mckean
MEDIANO, MD, Wilfredo M	Philadelphia
MEDICH, MD, George F	Beaver
MEDINA, MD, Amando R	Allegheny
MEDINA, MD, Jocyline L	Allegheny
MEDINA, MD, Lisa H	Berks
MEDINA, MD, Rodrigo D	Carbon
MEDINA, MD, Roldan G	Fayette
MEDINGER, MD, Fred G	Philadelphia
MEDLEN, MD, Rudolph E	Fayette
MEDLOCK, MD, James B	Lawrence
MEDOFF, MD, Joseph	Philadelphia
MEDWAY, MD, Marc J	Montgomery
MEDWICK, DO, Denise M M	Allegheny
MEDWICK, DO, Gerald R	Allegheny
MEEHAN, MD, John J	Philadelphia
MEERAN, MD, M Mohamed	Schuylkill
MEESS, MD, Mark A	Allegheny
MEGLIN, MD, Allen J	Allegheny
MEHARG JR, MD, John G	Berks
MEHDI, MD, Iftikhar J	Franklin
MEHOK, MD, Ronald G	Allegheny
MEHTA, MD, Bharat K	Northampton
MEHTA, MD, Harshad	Allegheny
MEHTA, MD, Niharika D	Columbia
MEHTA, MD, Pankaj	Lycoming
MEHTA, MD, Smita M	Philadelphia
MEHTA, MD, Sunil K	Mercer
MEHTA, MD, Varsha J	Butler
MEHTA, MD, Yogin P	Mifflin/Juni
MEHTA, MD, Yogini R	Allegheny
MEIER, MD, Louis A	Montgomery
MEIKLE, MD, Charles E	Bradford
MEIKLE, MD, George C	Luzerne
MEINDL, MD, George T	Washington
MEISNER, MD, Marvin H	Blair
MEISTER, MD, Donald G	Allegheny
MEISTER, MD, Steven G	Philadelphia
MELAMED, MD, Brian R	Lancaster
MELANI, MD, Kenneth R	Allegheny
MELDRUM, MD, Robert W	Columbia
MELICK, MD, Judith E	Philadelphia
MELKUS, MD, Daniel J	Bedford
MELLEN, MD, Arthur W	Philadelphia
MELLINGER, JOHN C	Allegheny
MELLINGER, MD, Richard W	Lancaster
MELLON, MD, Robert	Berks
MELLON JR, MD, Lawrence J	Delaware
MELMAN, MD, Jay E	Lehigh
MELNICK, MD, Joseph L	Philadelphia
MELNICOVE, MD, Sidney	Schuylkill
MELODY, MD, M Joseph	Delaware
MELOTTI, MD, Peter M	Allegheny
MELOY, MD, John H	Blair
MELOY, MD, Thomas R	Huntingdon
MELTON, DELIA C	Student
MELTZ, DO, Richard C	Delaware
MELTZER, MD, Alan J	Philadelphia
MELTZER, MD, David	Montgomery
MELTZER, MD, Lawrence E	Philadelphia
MELTZER, MD, Michele S	Philadelphia
MELUCCI, MD, Michael B	Lehigh
MEMON, MD, Mohammad K	Westmoreland
MENA, MD, Lilia D	Montgomery
MENACKER, MD, Sheryl J	Bucks
MENAPACE JR, MD, Francis J	Montour
MENARD, MD, Mary K	Philadelphia
MENCHEY, MD, Milton J	York
MENDEL, MD, Kenneth D	Delaware
MENDEL, RICHARD C	Student
MENDELL, MD, Theodore H	Philadelphia
MENDELOW, MD, Harvey	Allegheny
MENDELSOHN, MD, Eugene	Berks
MENDELSON, MD, Ellen B	Allegheny
MENDELSON, MD, Myer	Philadelphia
MENDELSON, MD, S Robert	Allegheny
MENDELSSOHN, MD, Edwin	Philadelphia
MENDELSSOHN, MD, Saul	Luzerne
MENEELY, MD, Alfred W	Dauphin
MENGEL, MD, Charles L	Lehigh
MENGEL, MD, Roger G	Berks
MENGES JR, MD, Job F	Berks
MENICHINO, MD, Anthony J	Berks
MENIN, MD, Richard A	Philadelphia
MENIN, MD, William	Philadelphia
MENIO, MD, John N	Luzerne
MENKOWITZ, MD, Bruce J	Montgomery
MENKOWITZ, MD, Elliot	Montgomery
MENKUS, SHARON D	Allegheny
MENNA, MD, Vincent J	Bucks
MENNELL, MD, John M	Philadelphia
MENNINGER III, MD, Fredrick J	Allegheny
MENON, MD, Venu G	Philadelphia
MENZEL, CHRISTINE L	Allegheny
MENZEL, MD, Paul H	Lackawanna
MENZIES JR, MD, William C	Mercer
MERCADO, MD, Modesto G	Lehigh
MERCED, MD, Jorge M	Venango
MERCER, MD, David W	Montgomery
MERCHANT, MD, Ralph P	Franklin
MERCIER, MD, Edward E	Erie
MERCURIO, MD, Richard A	Armstrong
MERCURIO, MD, Teresa	Berks
MERENSTEIN, MD, Joel H	Allegheny
MERESCHAK, MD, Volmar A	Northampton
MERING, MD, Thomas W	Greene
MERING JR, MD, James H	Allegheny
MERKEL, MD, Lois M	Mercer
MERKIN, MD, Alvin	Philadelphia
MERKLE, MD, Larry N	Lehigh
MERL, MD, Stuart A	Cumberland
MERLIN, MD, Albert A	Philadelphia
MERLO, DO, Francis A	Wayne/Pike
MERMELSTEIN, MD, Howard A	Allegheny
MEROLA, MD, Joseph C L	Northampton
MERRIMAN, MD, W Clair	Beaver
MERSHON, MD, Charles R	Lancaster
MERSKI, MD, Anthony T	Erie
MERSKY, MD, Martin R	Philadelphia
MERSKY, MD, Steven A	Philadelphia
MERSON, MD, Erich R	Chester
MERTI, GREGORY E	Allegheny
MERZI, MD, Allen J	Washington
MESAROS, GLEN J	Allegheny
MESAROS, MD, Michael J	Luzerne
MESCHTER, MD, Steven C	Montour
MESETE, MD, A Francis	Delaware
MESHKOV, MD, Arnold B	Philadelphia
MESSMER, MD, John J	Lebanon
MESSNER, MD, Jean T	Dauphin
MESSNER, MD, Kenneth H	Lancaster
MESSORI, MD, Divo A	Philadelphia
META, MD, Louis D	Allegheny
METKUS, MD, Francis M	Bucks
METZ, MD, Walter A R	Allegheny
METZGAR, MD, Thomas I	Monroe
METZGER, MD, Charles W	Allegheny
METZGER, MD, Paul C	Lackawanna
METZGER, MD, Paul D	Lackawanna
METZGER, MD, Rose A	Philadelphia
MEYER, MD, Allen E	Delaware
MEYER, MD, Arthur N	Luzerne
MEYER, MD, David G	Westmoreland
MEYER, MD, Kenneth K	Bradford
MEYER, MD, Richard S	Philadelphia
MEYER JR, MD, Maurice M	Lebanon
MEYERS, MD, Allan F	Elk/Cameron
MEYERS, MD, John L	Berks
MEYERS, MD, Karl R	Philadelphia
MEYERS, MD, Paul T	Cambria
MEYERS, MD, Robert W	Philadelphia
MEZZANOTTE, MD, John J	Philadelphia
MEZZANOTTE, MD, William S	Philadelphia
MIANO, MD, Lidia	Beaver
MICAILY, MD, Bizhan	Philadelphia
MICEK, MD, Edward W	Philadelphia
MICELI, MD, Silvio	Philadelphia
MICHAEL, MD, Dwight I	Adams
MICHAEL, MD, Eric J	Philadelphia
MICHAEL, GARY E	Student
MICHAEL, MD, Joseph T	Allegheny
MICHAELS, MD, Bernard I	Allegheny
MICHAELS, MD, Mike	Montgomery
MICHAELS, MD, Milton M	Allegheny
MICHAELS, MD, Robert M	Bradford
MICHAELSON, MD, Carolyn Z	Philadelphia
MICHAELSON, MD, Janet M	Montgomery
MICHAELSON, MD, Robert I	Montgomery
MICHAELSON, MD, Thomas C	Chester
MICHALAK, MD, Dennis M W	Bradford
MICHALEK, MD, Maria	Dauphin
MICHALS, MD, Timothy J	Philadelphia
MICHAUD, MD, Joseph E	Cambria
MICHEL, MD, Elliot M	Allegheny
MICHEL, MD, John P	Beaver
MICHELSON, MD, Peter H	Bucks
MICHELSTEIN, MD, Richard D	Luzerne
MICHIE, MD, Alexander J	Monroe
MICHIE, MD, Catharine R	Monroe
MIDDLEBROOKS, JAYNE T	Allegheny
MIDDLEMAN, MD, Rose R	Allegheny
MIDDLETON, MD, Donald B	Allegheny
MIDDLETON, MD, Robert J	Columbia
MIDHA, MD, Deepak	Butler
MIDMORE, MD, John S	Lycoming
MIECKOWSKI, MD, Gregory C	Armstrong
MIELCAREK JR, MD, Leon M	Delaware
MIGLIORE, MD, Joseph J	Lycoming
MIHELIC, MD, Nicholas E	Huntingdon
MIHOK, MD, Michael R	Allegheny
MIKAELIAN, MD, Diran O	Philadelphia
MIKAYA, MD, Martin L	Bradford
MIKELBERG, MD, Rose R	Philadelphia
MIKELONIS, MD, Robert J	Centre
MIKESELL, MD, Jerry F	Centre
MIKITA, MD, John J	Allegheny
MIKLOS, MD, Bernard G	Allegheny
MIKLOS, MD, Michael V	Allegheny
MIKNEVICH, MD, Maryann	Allegheny
MIKOWSKI, MD, I Edmund	Philadelphia
MIKULLA, MD, John M	Allegheny
MIKUTA, MD, John J	Philadelphia
MILAI JR, MD, A Samuel	Allegheny
MILANI, MD, Frank A	Lackawanna
MILAZZO, MD, John V	Bucks
MILDENBERG, MD, Budd J	Montgomery
MILDER, MD, James E	Cambria
MILES, DO, G Bruce	Northampton
MILES, MD, Michael A	Berks
MILFORD, MD, Henry E	Dauphin
MILGRAM, MD, Kenneth K	Allegheny
MILHEIM, MD, Irvine G	Mercer
MILICH, MD, Zarko D	Monroe
MILICIA, MD, Anthony P	Philadelphia
MILKE, MD, Denis J	Dauphin
MILKS, MD, Carl J	Wayne/Pike
MILLAGER, ABBY A	Allegheny
MILLER, ALAN K	Allegheny
MILLER, MD, Alan M	Montgomery
MILLER, MD, Allen C	Philadelphia
MILLER, MD, Ann C	Montgomery
MILLER, MD, Anton M	Schuylkill
MILLER, MD, Bernard J	Philadelphia
MILLER, MD, Brian A	Bucks
MILLER, MD, C Eugene	Lancaster
MILLER, MD, C Joseph	Philadelphia
MILLER, MD, Calvin E	Armstrong
MILLER, MD, Carl S	Lebanon
MILLER, CAROL A	Student
MILLER, MD, Charles F	Chester
MILLER, MD, Clarke T	Washington
MILLER, MD, Cynthia L	Philadelphia
MILLER, MD, David	Philadelphia
MILLER, MD, David H	Bucks
MILLER, MD, David L	Clarion
MILLER, MD, David L	Allegheny
MILLER, MD, David M	Philadelphia
MILLER, MD, David S	Huntingdon
MILLER, MD, Earl R	Lycoming
MILLER, MD, Edward J	Carbon
MILLER, MD, Felix H	Allegheny
MILLER, MD, Francine J	Philadelphia
MILLER, MD, Frank L	Montgomery
MILLER, MD, Frederick A	Allegheny
MILLER, MD, Gerald E	Lancaster
MILLER, MD, Gladys M	Philadelphia
MILLER, MD, Harry I	Allegheny
MILLER, MD, Herbert D	Allegheny
MILLER, MD, Herman	Delaware
MILLER, MD, Howard A	Philadelphia
MILLER, MD, Howard J	Potter
MILLER, DO, James C	Dauphin
MILLER, MD, James M	Susquehanna
MILLER, MD, James R	York
MILLER, MD, Jay B	Berks
MILLER, MD, Jeffrey L	Philadelphia
MILLER, DO, Jeri L	Philadelphia
MILLER, DO, Jerome	Philadelphia
MILLER, MD, Jerome	Philadelphia
MILLER, DO, Joel P	Philadelphia
MILLER, MD, John L	Mercer
MILLER, MD, Joseph A	Lehigh
MILLER, MD, Joseph J	Franklin
MILLER, MD, Karen L	Philadelphia
MILLER, MD, Kerry D	Lehigh
MILLER, MD, Kim J	Allegheny
MILLER, MD, Lawrence S	Philadelphia
MILLER, MD, Lee C	Dauphin
MILLER, MD, Lee H	Bucks
MILLER, MD, Leon	Montgomery
MILLER, MD, Leonard D	Philadelphia
MILLER, MD, Michael D	Allegheny
MILLER, MD, Morris	Philadelphia
MILLER, MD, Oliver F	Montour
MILLER, MD, Parry J	Lancaster
MILLER, MD, Ralph J	Indiana

MILLER, MD, Richard C	Carbon
MILLER, MD, Richard E	Schuylkill
MILLER, MD, Robert H	Montgomery
MILLER, MD, Roland E	Erie
MILLER, MD, Samuel G	Allegheny
MILLER, MD, Stanton B	Philadelphia
MILLER, MD, Stephen J	Allegheny
MILLER, MD, Steven C	Allegheny
MILLER, MD, Thomas J	Montgomery
MILLER, MD, Wallace T	Philadelphia
MILLER, MD, Warren A	Northampton
MILLER, MD, William B	Allegheny
MILLER, DO, William H	Dauphin
MILLER, MD, William H	Allegheny
MILLER II, MD, George C	Union
MILLER II, MD, Tom R	Erie
MILLER JR, MD, Clarence M	Allegheny
MILLER JR, MD, John W	Lancaster
MILLER JR, MD, William B	Dauphin
MILLIGAN, MD, Robert S	Allegheny
MILLINER, MD, David H	Delaware
MILLS, MD, John W	Indiana
MILLS, MD, M Duane	Dauphin
MILLS, MD, William L	Bucks
MILLS EXECUTIVE SEC, MRS CAROLINE	Beaver
MILON, MD, Charles F	Philadelphia
MILROTH, MD, William L	Franklin
MILSOVIC, MD, Robert C	Crawford
MILSTEIN, MD, Seymour W	Delaware
MIN, MD, Henry M	Elk/Cameron
MIN, MD, Jung T	Beaver
MIN, MD, Tae C	Beaver
MINARD, MD, William D	Montgomery
MINDE, MD, Eric J	Allegheny
MINDE, MD, Norman	Allegheny
MINEHART, MD, Charles R	Berks
MINEHART, MD, John R	Philadelphia
MINEO, MD, Cyrus L	Chester
MINERVA, MD, Felicisima B	Philadelphia
MINERVA, MD, Justin G	Montgomery
MINES, MD, Samuel C	Allegheny
MINIELLY, MD, Richard W	Bradford
MINN, MD, Fredrick L	Montgomery
MINNER, MD, Roger J	Lehigh
MINNICH, MD, Philip H	York
MINNO, MD, Alexander M	Allegheny
MINO, MD, David E	Bucks
MINORA, MD, Michael A	Lackawanna
MINTEER, MD, James W	Elk/Cameron
MINTEER, MD, Jeffrey F	Washington
MINTEER JR, DO, Donald W	Armstrong
MINTON, MD, Michael D	Allegheny
MINTON, MD, Russell F	Philadelphia
MINTZ, MD, Paul S	Berks
MINTZER, MD, David M	Philadelphia
MIR, MD, David J	Erie
MIR, MD, Tahir U	Indiana
MIRA, MD, Allan J	Cumberland
MIRA, MD, John F	Cumberland
MIRAGLIA, MD, Richard J	Monroe
MIRANDA, MD, Aurora M	Allegheny
MIRANDA, MD, Cesar P	Butler
MIRANDA, MD, Jorge	Lackawanna
MIRANDA, MD, Ralph A	Westmoreland
MIRARCHI, MD, Vincenzo	Northmbrland
MIRCEA, MD, Cornel	Philadelphia
MIROW, MD, Arvin L	Philadelphia
MIRSKY, MD, Howard A	Erie
MIRSKY, MD, Robert S	Bucks
MIRTH-JACOBELLI, DO, Barbara L	Bucks
MIRZA, MD, Mohammad R	Lycoming
MISAGE, MD, John R	Allegheny
MISCHLER, MD, Forrest C	Erie
MISHALOVE, MD, R David	Delaware
MISHEL, MD, Henry S	Montgomery
MISHKIN, MD, Mark H	Lehigh
MISHKIN, MD, Mark M	Philadelphia
MISHRA, MD, Manorama	Greene
MISTRY, MD, Meherwan J	Wayne/Pike
MITAL, MD, Mohan S	Cambria
MITAL, MD, Nirmal G	Cambria
MITCHELL, MD, Arthur B	Luzerne
MITCHELL, MD, Cheryl M	Allegheny
MITCHELL, MD, Donald D	Cambria
MITCHELL, MD, Fenton M	Allegheny
MITCHELL, MD, Harold L	Allegheny
MITCHELL, MD, Henry	Indiana
MITCHELL, JOHN A	Allegheny
MITCHELL, MD, John F	Lehigh
MITCHELL, MD, Michael J	Beaver
MITCHELL, MD, Robert M	Philadelphia
MITCHELL, MD, William J	Fayette
MITNICK, MD, Paul D	Berks
MITRA, MD, Amitabha	Philadelphia
MITRA, MD, Atin K	Erie
MITRE, MD, Ricardo J	Allegheny
MITRO, DO, Robert N	Allegheny
MITRO, MD, William	Allegheny
MITRUKA, MD, Vicky A	Philadelphia
MITSOS, WILLIAM J	Allegheny
MITTAL, MD, Basant K	Northmbrland
MITTAL, MD, Vimal	Cambria
MITTELDORF, MD, Stephen E	Philadelphia
MITTERLING, MD, Robert C	Delaware
MITTICA, MD, Nicholas M	Lawrence
MITTLEMAN, MD, Barbara B	Allegheny
MIURA, MD, Karen K	Philadelphia
MIZIN, MD, Lakshmi D J	Lackawanna
MLECKO, MD, Lawrence M	Allegheny
MOAKEH, MD, Mohamed	Crawford
MOBERG, MD, F Barrie	Lancaster
MODARRESS, MD, John	Schuylkill
MODI, MD, Jashwant B	Allegheny
MODIC, MD, Christopher W	Allegheny
MODY, MD, Mahendra I	Bucks
MODY, MD, Smita S	Schuylkill
MOERKIRK, MD, George E	Lehigh
MOFFITT, MD, Vincent J	Berks
MOFFITT JR, MD, George R	Dauphin
MOFFSES, MD, Garabed H	Philadelphia
MOGERMAN, MD, Jeffrey A	Lackawanna
MOGERMAN, MD, Richard L	Lackawanna
MOGHADAM, MD, Abdol N	Philadelphia
MOGHADAM, MD, Eileen S	Philadelphia
MOGIL, MD, Robert A	Philadelphia
MOGLIA, BERNADINE A	Student
MOGUL, MD, Robert	Bucks
MOHAMED-ALI, MD, Abul-Kassim	Lackawanna
MOHAN, MD, Brij	Northampton
MOHAN, MD, Krishna K	Philadelphia
MOHIUDDIN, MD, Mohammed	Philadelphia
MOHIUDDIN, MD, Mohammed A	Philadelphia
MOHLER, MD, J Harold	Lancaster
MOHR, MD, Rose M	Philadelphia
MOHYUDDIN, MD, Moiz	Monroe
MOIDEL, MD, Robert A	Montgomery
MOKRYNSKI, GREGORY	Philadelphia
MOKYCHIC, MD, Walter E	Luzerne
MOLDOFSKY, MD, Philip J	Philadelphia
MOLDOVER, MD, Jonathan R	Lehigh
MOLINA, MD, Ramon B	Monroe
MOLL, MD, Alison	York
MOLL, MD, David C	Bucks
MOLL, MD, George A	Philadelphia
MOLL, MD, Thomas B	Berks
MOLLER, MD, George A	Clinton
MOLLICK, MD, James A	Montgomery
MOLONEY, MD, Joseph D	Dauphin
MOLTHAN, MD, Lyndall	Lehigh
MOMAN JR, MD, Lawrence C	Allegheny
MONAHAN, MD, George R	Montgomery
MONARDO, MD, Alfred	Allegheny
MONASTERIO, MD, Jose R	Chester
MONCRIEF, MD, Richard D	Lancaster
MONDALA-OCBO, MD, Elisa V	Berks
MONDEJAR, MD, Magdalena D	Adams
MONDERO, DO, Nancy A	Lancaster
MONDIK, BARBARA L	Allegheny
MONDZELEWSKI, MD, James P	Allegheny
MONHEIT, MD, Richard S	Philadelphia
MONK, MD, John S	York
MONK JR, MD, John S	York
MONKOWSKI, MD, Alfred M	Bucks
MONROE, MD, Carl B	Bucks
MONSAERT, MD, Ronald P	Montour
MONSHAW, MD, Robert A	Philadelphia
MONSOUR, MD, Geoffrey B	Westmoreland
MONSOUR, MD, Robert G	Westmoreland
MONSOUR, MD, Roy C	Westmoreland
MONSOUR, MD, Roy E	Adams
MONSOUR, MD, William J	Westmoreland
MONTAGUE, MD, James W	Lycoming
MONTALBO, MD, Antonio A	Centre
MONTALBO, MD, Serafin A	Westmoreland
MONTANER, MD, Carmen G	Lehigh
MONTANER, MD, Jose L	Dauphin
MONTEITH JR, MD, William E	Bucks
MONTELEONE, MD, Paul N	Cambria
MONTELLESE, MD, Phyllis B	Allegheny
MONTELLO, MD, Joan M	Cumberland
MONTES, MD, Manuel Y	Carbon
MONTGOMERY, MD, Bruce B	Montgomery
MONTGOMERY, MD, Ernest J	Armstrong
MONTGOMERY, MD, Hugh	Philadelphia
MONTGOMERY, MD, John B	Philadelphia
MONTGOMERY, MD, Lynn C	Philadelphia
MONTGOMERY, MD, Mark R	Fayette
MONTGOMERY, MD, Maxine D	Lancaster
MONTGOMERY, MD, Patricia A	Delaware
MONTGOMERY, MD, Thaddeus L	Philadelphia
MONTGOMERY JR, MD, George A	Somerset
MONTONE, KATHLEEN T	Student
MONTOZZI, MD, Richard L	Philadelphia
MONYAK, MD, John G	Beaver
MOODY, MD, Jack H	Dauphin
MOODY, MD, Robert A	Bradford
MOOLA, MD, Jagadeesh K	Cumberland
MOON, MD, Sung B	Westmoreland
MOONDA, MD, Gulamhusain	Mercer
MOONEY, MD, Benjamin R	York
MOONEY, MD, William E	Allegheny
MOORE, MD, Barry B	Dauphin
MOORE, BRAD B	Student
MOORE, MD, Daniel W	Montgomery
MOORE, MD, David H	Luzerne
MOORE, MD, Donnica L	Philadelphia
MOORE, MD, Ernest E	Butler
MOORE, MD, George W	Lawrence
MOORE, MD, James P	Armstrong
MOORE, MD, James T	Montgomery
MOORE, MD, Jay R	Philadelphia
MOORE, MD, Joseph J	Tioga
MOORE, MD, Kenneth E	Philadelphia
MOORE, MD, Leroy C	Clinton
MOORE, MD, Mary E	Philadelphia
MOORE, MD, Matthew T	Philadelphia
MOORE, MD, Michael F	Lackawanna
MOORE, SHARON Y	Allegheny
MOORE, SUSAN J	Student
MOORE, MD, Terence E	Armstrong
MOORE, MD, Terence N	Lancaster
MOORE JR, MD, Samuel R	Philadelphia
MOORE JR EXEC DIR, H DAVID	Allegheny
MORACA, MD, John I	Allegheny
MORADIA, MD, Vijay J	York
MORAITIS, MD, Constantine Z	Allegheny
MORALES, MD, Agustin P	Allegheny
MORALES, MD, Diego	Philadelphia
MORALES, MD, Francisco J	Lebanon
MORALES, MD, Gladys D	Northampton
MORALES, MD, Jose O	Philadelphia
MORALES-PELAEZ, MD, Eileen S	Philadelphia
MORAN, MD, John J	Montour
MORAN, MARY M	Allegheny
MORAN, DO, Richard E	Crawford
MORAN JR, MD, Theodore R	Mercer
MORAN JR, MD, Thomas W	Westmoreland
MORANI, MD, Alma D	Philadelphia
MORANZ, MD, Joel G	Delaware
MORASCO, MD, Edward R	Lebanon
MOREL, MD, Donald E	Lehigh
MORENO, MD, Manuel V	Lycoming
MORENO, MD, Misael A	Philadelphia
MORENO, MD, Susan I	Philadelphia
MORETTO, MD, Joseph L	Lawrence
MOREY, MD, Merrill I	Allegheny
MORFESIS, MD, F Andrew	Delaware
MORGAN, MD, Allan V	Allegheny
MORGAN, MD, Corinne M	Montgomery
MORGAN, MD, Jeffrey F	Warren
MORGAN, MD, John M	Delaware
MORGAN, MD, Mary C	Montour
MORGAN, MD, Owen K	Cambria
MORGAN, MD, Russell E	Northampton
MORGAN, MD, William A	Philadelphia
MORGAN, MD, William F	Northampton
MORGAN JR, MD, James W	Union
MORGAN JR, MD, Vernon W	Lackawanna
MORGAN JR, MD, William R	York
MORGANROTH, MD, Joel	Philadelphia
MORGART, MD, Douglas R	Luzerne
MORGENSTERN, MD, Bruce L	Allegheny
MORGENSTERN, MD, Stephen A	Montgomery
MORI, MD, Gino	Lackawanna
MORI, MD, Hugo	Lackawanna
MORITZ, MD, Michael J	York
MORITZ, MD, Mordekhai	Lackawanna
MORK, MD, Gustave W	Erie
MORLEY, MD, Robert R	Delaware
MORREELS JR, MD, Charles L	York
MORRELL, DO, Roger W	Cambria
MORRIS, MD, Adrian J	Lackawanna
MORRIS, DAVID W	Allegheny
MORRIS, MD, Dennis L	Dauphin
MORRIS, MD, Eleanor G	Somerset
MORRIS, MD, James A	Delaware
MORRIS, MD, John L	Erie
MORRIS, KAREN G	Allegheny
MORRIS, MD, Leslie E	Allegheny
MORRIS, MD, Rebecca F	Crawford
MORRIS, MD, Richard J	Delaware
MORRIS, MD, Robert S	Montgomery
MORRIS, MD, Sam E	Allegheny
MORRIS, MD, Sheldon L	Delaware
MORRIS, MD, Vernon R	Berks
MORRIS, MD, William J	Crawford
MORRIS JR, MD, Robert G	Wyoming
MORRIS JR, DO, Wilson S	Lebanon
MORRISON, MD, Alan N	Lehigh
MORRISON, MD, Archibald	Montgomery
MORRISON, MD, Carol A	Philadelphia
MORRISON, MD, Donald E	Dauphin
MORRISON, MD, Marjorie G	Lehigh
MORRISON, MD, Samuel S	Montour
MORRISON JR, MD, David P	Bucks
MORRISON JR, MD, Ralph W	Cambria
MORRISON SR, MD, Joseph F	Luzerne
MORRISSEY, MD, William L	Philadelphia
MORRISSEY JR, MD, E James	Berks
MORROW, MD, Bert A	Berks
MORROW, MD, Charles A	Tioga
MORROW, MD, Gerald J	Northampton
MORROW, MD, Herbert J	Westmoreland
MORROW, MD, Robert A	Lehigh
MORROW, MD, Thayer K	Westmoreland
MORSBACH JR, LOUIS F	Student
MORSE, MD, W Scott	Allegheny
MORTEL, MD, Rodriguez	Dauphin
MORTER, MD, Gregory A	Allegheny
MORTON, MD, John C	Dauphin
MORTON, MD, Robert J	Wayne/Pike
MORY, MD, Stephen C	Warren
MOSCATO, MD, Anthony F	Northampton
MOSCH, MD, George C	Clearfield
MOSCH, MD, George C	Potter
MOSCH, MD, Herman C	Potter
MOSCOLA, MD, Ritamarie	Philadelphia
MOSER, MD, Barbara E S	Montour
MOSER, MD, Edward N	Lycoming
MOSER, MD, John C	Berks
MOSER, MD, Manny H	Berks
MOSES, MD, George P	Luzerne
MOSES, MD, James M	Cambria
MOSES, MD, Melvin L	Philadelphia
MOSESSO JR, VINCENT N	Allegheny
MOSIENKO, MD, Keith D	Washington
MOSKAL, MD, Joseph P	Philadelphia
MOSKOVITZ, MD, Morry	Beaver
MOSKOWITZ, MD, Barry D	Allegheny
MOSS, MD, Edward R	Philadelphia
MOSS, DO, Herbert	Philadelphia
MOSS, MD, N Henry	Philadelphia
MOSS JR, MD, Vassar Y	Allegheny
MOSSER, MD, Jeffrey F	York
MOSSER, MD, Kevin H	York
MOSSER, MD, Robert S	York
MOST-LEVIN, MD, Carol	Montgomery
MOTLEY, MD, John F	Montgomery
MOTRONI, MD, Alexsandra K	Luzerne
MOTT, JOSEPH A	Student
MOURY JR, MD, Nelson F	Montgomery
MOUSSA, MD, Mohamad	Blair
MOUSSA, MD, Samir M	Allegheny
MOUTSOS, MD, Spero E	Crawford
MOWAD, EUGENE M	Allegheny
MOWAD, MD, Joseph J	Montour
MOWERY, MD, Robert F	Montgomery
MOXEN, MD, John M	Lackawanna
MOYER, MD, Dennis L	Bucks
MOYER, MD, Earl S	Dauphin
MOYER, MD, Glenn E	Northampton
MOYER, MD, James E	Monroe
MOYER, MD, John F	Allegheny
MOYER, MD, John H	Cambria
MOYER, MD, John P	Bucks
MOYER, MD, Paul R	Bucks
MOYER, MD, Ray A	Philadelphia
MOYER, MD, Susan M	Philadelphia
MOYER JR, MD, Donald J	Philadelphia
MOYERS, MD, Robert N	Crawford
MOYLAN, MD, Joseph E	Lackawanna
MOYLAN, MD, Robert E	Lackawanna
MOYLAN III, MD, David J	Schuylkill
MOZDY, MD, Frank E	Erie
MRAZ, MD, James E	Erie
MRAZ, MD, John P	Erie
MRKICH, MD, Robert	Cambria
MRUK, MD, Celeste C	Montgomery
MRVOS, MD, Donald M	Allegheny
MSZANOWSKI, MD, Edwin M	Erie
MUALLEM, MD, Nabil S	Berks
MUCCINO, MD, Keith F	York
MUCH, DO, Mandell J	Delaware
MUCHLADO, MD, Felix J	Allegheny
MUDRICK, MD, David L	Delaware
MUELLER, MD, Garry L	Lancaster
MUELLER, MD, Henry M	Mercer
MUELLER, MD, Scott D	Dauphin
MUETTERTIES, MD, Craig L	Delaware
MUHLENBERG, MD, John P	Berks
MUHLFELDER, MD, Warren J	Blair
MUHONEN, MD, Oliver A	Allegheny
MUKERJEE, MD, Manju G	Luzerne
MUKHERJEE, MD, Prashant K	Philadelphia
MULAC, MD, James E	Allegheny
MULBERGER, MD, Robert D	Philadelphia
MULHATTEN, MD, 04114730462	Centre
MULHERN, MD, Lawrence M	Allegheny
MULHOLLAND, MD, S Grant	Philadelphia
MULL, MD, Joseph C	Warren
MULL, MD, Thomas D	Montgomery
MULLEN, MD, James L	Philadelphia
MULLER, MD, Alfons J	Philadelphia
MULLER, DO, Arthur J	Dauphin
MULLER, MD, H Arnold	Dauphin
MULLER, MD, Otto F	Delaware
MULLICK, MD, Jowheri J	Venango
MULLIGAN, MD, James F	York
MULLIGAN, MD, Margaret A	Montgomery
MULLIGAN, MD, Robert L	Berks
MULLIN, MD, Raymond J	Bucks
MULLIN JR, MD, Edward M	Lehigh
MULLIN JR, MD, Hugh J	Bucks
MUNCHAK, MD, Alexander M	Lackawanna
MUNCHAK JR, MD, John	Lehigh
MUNDTH, MD, Eldred D	Delaware
MUNIN, MICHAEL C	Student
MUNION, MD, Gail L	Montgomery
MUNIR, MD, Mohammad M	Northmbrland
MUNIR, MD, Muhammad	Schuylkill
MUNIZ, MD, Herminio	Philadelphia
MUNLEY, MD, Brian J	Bucks
MUNOZ, MD, Juan T	Allegheny
MUNRO, MD, Ross F	Chester
MUNSON, MD, Frederick J	Northampton
MUNTEANU, MD, Virgil P	Lancaster
MUNVES, MD, Jonathan H	Northampton
MUNZER, MD, Steven J	Philadelphia
MURALIDHARAN, MD, Bhaskaran	Cambria
MURCEK, MD, Martin A	Westmoreland
MURDOCK, MD, Fred E	Jefferson
MURDOCK, MD, Morton G	Philadelphia
MURELLO, MD, David M	Fayette
MURN, ALVIN J	Allegheny
MUROFF, DO, Robert E	Delaware
MURPHEY, MD, Sheila A	Philadelphia
MURPHEY, MD, Stephen M	Allegheny
MURPHY, MD, Charles C	Allegheny
MURPHY, MD, Edith L	Lycoming

MURPHY, MD, Edward J	Philadelphia
MURPHY, MD, Gregory L	Allegheny
MURPHY, MD, Gregory L	Lancaster
MURPHY, MD, J Thomas	Montgomery
MURPHY, MD, James A	Chester
MURPHY, MD, John B	Philadelphia
MURPHY, MD, John J	Philadelphia
MURPHY, MD, Louis R	Lackawanna
MURPHY, MD, Martin J	Butler
MURPHY, MD, Mary H	Delaware
MURPHY, DO, Pamela D	Berks
MURPHY, MD, Thomas W	Philadelphia
MURPHY, MD, Windell H A	Philadelphia
MURPHY JR, MD, Arthur I	Allegheny
MURR III, MD, George A	Philadelphia
MURRAY, MD, Austin P	Philadelphia
MURRAY, MD, Carroll A	Jefferson
MURRAY, MD, Cheryl L	York
MURRAY, MD, John P	Montgomery
MURRAY, MICHAEL F	Student
MURRAY, MD, Pamela D	Philadelphia
MURRAY, MD, Richard C	Cambria
MURRAY, MD, Stephen R	Northampton
MURRAY, MD, William M	Dauphin
MURTAGH JR, MD, Frederick	Philadelphia
MURTAUGH, THOMAS I	Allegheny
MURTHY, MD, M S J	Philadelphia
MURTHY, MD, Molakalmuru H	Allegheny
MURTLAND, MD, Albert M	Bradford
MUSA, MD, Alimad N	Carbon
MUSGRAVE, MD, Ross H	Allegheny
MUSKAT, MD, David I	Allegheny
MUSMANNO, MD, Samuel A	Allegheny
MUSSELMAN, MD, Kirk F	Bradford
MUSSER, MD, Benjamin G	Dauphin
MUSSER, MD, William T	Union
MUSSER JR, MD, Harold E	Somerset
MUSSIO, MD, John A	Cambria
MUVDI, MD, B Charles	Berks
MYCHAK, MD, Dennis R	Northmbrland
MYERS, MD, Abraham	Philadelphia
MYERS, MD, Carl B	Allegheny
MYERS, MD, Charles E	Luzerne
MYERS, MD, David	Philadelphia
MYERS, MD, Eugene N	Allegheny
MYERS, MD, Frederick B	Luzerne
MYERS, MD, Gerald I	Allegheny
MYERS, MD, Gilbert B	York
MYERS, MD, Gordon D	Dauphin
MYERS, MD, John L	Dauphin
MYERS, MD, Martin A	Montgomery
MYERS, MD, Paul R	Elk/Cameron
MYERS, MD, Philip A	Philadelphia
MYERS, MD, Scott E	Philadelphia
MYERS III, MD, Franklin J	Dauphin
MYERSON, MD, Ralph M	Philadelphia
MYRICK, MD, Steven R	Philadelphia
MYSLEWSKI, MD, Walter J	Westmoreland
MYSTAKAS, MD, Fotis G	Lebanon

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NABATCHI, MD, Ahmad	Clarion
NABATI, MD, Ismail	Northampton
NABAVI, MD, Adbollah	Centre
NABORS, ERIC D	Allegheny
NACK, MD, Steven L	Montgomery
NADAL, MD, Ramon B	Bucks
NADEL, MD, Marcell-Bernh	Philadelphia
NADELLA, MD, V Rao	Mckean
NADER, MD, Joseph N	Lehigh
NADIGA, MD, Chandrasekhara	Beaver
NADKARNY, MD, Uday R	Montour
NADLER, MD, Daniel J	Allegheny
NADLER, MD, M Princeton	Allegheny
NADWORNY, MD, Howard A	Erie
NAEGELE, MD, Karl T	Bradford
NAEGLE, MD, Matthew B	Chester
NAEYE, MD, Richard L	Dauphin
NAFZIGER, MD, John K	York
NAGEL, MD, David B	Lycoming
NAGINENI, MD, Kamalakar R	Allegheny
NAGLE, MD, Arlington A	Berks
NAGLE, MD, Douglas B	Erie
NAGLE, MD, Richard W	Erie
NAGLE, MD, Walter W	Delaware
NAGLE, MD, Warren C	Bradford
NAGLE JR, MD, Frank O	Philadelphia
NAGPAL, MD, Naresh C	Lycoming
NAGY, MD, Robert	Montour
NAHOURAII, ROBERT A	Allegheny
NAIBERT, MD, James R	Mifflin/Juni
NAIDE, MD, David	Philadelphia
NAIDE, MD, Meyer	Philadelphia
NAIDOFF, MD, Michael A	Philadelphia
NAIDU, MD, Jai P	Lycoming
NAIK, MD, Vaishali D	Philadelphia
NAIR, MD, Krishnan K	Erie
NAIR, MD, Madhusudanan	Allegheny
NAIR, MD, V Krishnan	Somerset
NAJI, MD, Ali	Philadelphia
NAJI, MD, Mohammed H	Lawrence
NAKHJAVAN, MD, Fred K	Philadelphia
NALBANTIAN, MD, Michel S	Philadelphia
NALEVANKO, MD, Albert M	Lackawanna
NALLATHAMBI, MD, Helga N	Butler
NALLATHAMBI, MD, Swamikkan A	Butler
NAM, MD, Lam V	Beaver
NAMEY, MD, John T	Mercer
NAMJOSHI, MD, Shashikala D	Philadelphia
NAMON, MD, Ari J	Philadelphia
NANGIA, MD, Sushma R	Allegheny
NANJUNDASWAMY, MD, Hunasagatta C	Lawrence
NAPLES, MD, Jerry F	Bucks
NAPLES, MD, Louis A	Westmoreland
NAPOLEON, MD, Louis N	Allegheny
NAPPI, MD, Dominic F	Philadelphia
NARAYANAN, MD, Edathil K	Bradford
NARDELLA JR, MD, Guy M	Delaware
NARDOZZI, MD, Lawrence J	Philadelphia
NARDUCCI, MD, Anthony E	Erie
NARDUZZI, MD, Joann V	Allegheny
NARINE, NALAN	Allegheny
NARLA, MD, Sudhir K	Allegheny
NARTATEZ, MD, Pedro C	Clearfield
NARULA, MD, Amrit P	Schuylkill
NARUS, MD, Vetold T	Erie
NARVAEZ, MD, Richard A	Philadelphia
NASAB, MD, Abdolrasoul H	Philadelphia
NASCA, MD, Leonardo S	Erie
NASE, MD, Donald F	Bucks
NASE, MD, P Kenneth	Berks
NASE, MD, Paul M	Bucks
NASEEM, MD, Mohammad	Allegheny
NASH, MD, James D	Lancaster
NASH, MD, Margaret J	Philadelphia
NASO, MD, Francis	Philadelphia
NASSAU, DO, Harvey B	Montgomery
NASSEF JR, MD, Louis A	Montour
NASSIRI-RAHIMI, MD, Cyrus	Philadelphia
NAST, MD, Max S	Butler
NAST, MD, Philip R	Philadelphia
NASUTI, MD, Floyd T	Philadelphia
NATALI, MD, Daniel E	Allegheny
NATALI, MD, David G	Allegheny
NATHAN, MD, Radha	Lackawanna
NATHAN, MD, Robert J	Philadelphia
NATHANSON, MD, Juliet E	Philadelphia
NATIVIDAD, MD, Nita C	Montour
NATOLI, MD, Thomas J	Montgomery
NATTER, MD, Howard M	Delaware
NAUGLE, MD, Ingrid E	Allegheny
NAUSS, MD, Thomas J	Luzerne
NAVARRO, MD, Cyrilda	Bucks
NAVARRO, MD, Roberto N	Franklin
NAWROCKI, MD, Mary F	Allegheny
NAYAK, MD, Narayan	Mckean
NAYAK, MD, Narayan T	Allegheny
NAYAK, MD, Pradeep R	Philadelphia
NAYAK, MD, Satish R	Somerset
NAYLOR JR, MD, Douglas F	Philadelphia
NAZARI, MD, Ahmad	Philadelphia
NAZZARO, MD, Ralph	Venango
NEAGLE III, MD, Charles E	Philadelphia
NEAGOY, MD, Daniel R	Erie
NEAL, MD, Hunter S	Delaware
NEAL, MD, Roland A	Allegheny
NEAL JR, MD, Harry B	Indiana
NEALE, MD, John M	Indiana
NEALIS, MD, Henry J	Montgomery
NEALON, MD, William K	Allegheny
NEBEL, MD, Samuel F	Franklin
NECAS, MD, Michael G	Venango
NEDELJKOVIC, SRDJAN S	Student
NEDWICH, MD, Alexander	Lehigh
NEE JR, MD, Martin P	Allegheny
NEELEY, MD, Steven W	Beaver
NEELY, MD, Thomas S	Philadelphia
NEFF, MD, Charles A	Lebanon
NEFT, MD, Burton H	Allegheny
NEGREY, MD, John N	Delaware
NEGREY JR, MD, John N	Delaware
NEGRO, MD, Attilio G	Westmoreland
NEIBEL-PONDEK, MD, Sharon E	Philadelphia
NEIDHARDT, MD, Paul W	Lancaster
NEIFELD, MD, Kenneth A	Philadelphia
NEIFELD, MD, Lise L M	Philadelphia
NEIGH, MD, John L	Philadelphia
NEILL, MD, Richard A	Philadelphia
NEILSON, MD, Thomas J	Allegheny
NEIMAN, MD, Harvey L	Allegheny
NEIMAN, MD, Lee M	Allegheny
NEISH, CAROL L	Allegheny
NEJMAN, MD, Joseph H	Montgomery
NELSON, MD, Barry K	Montgomery
NELSON, MD, Diana F	Delaware
NELSON, MD, Edward A	York
NELSON, MD, Eleanor C	Philadelphia
NELSON, MD, Guy M	Philadelphia
NELSON, MD, James E	Luzerne
NELSON, MD, Leonard B	Philadelphia
NELSON, MD, Mortimer T	Bucks
NELSON, MD, Nicholas M	Dauphin
NELSON, MD, Paul B	Allegheny
NELSON, MD, Philip K	Lycoming
NELSON, MD, Robert D	York
NELSON, MD, Theodore C	Allegheny
NELSON, MD, Waldo E	Philadelphia
NELSON, MD, Wenonah L	Montgomery
NELSON, WILLIAM H	Student
NELSON JR, MD, Harry M	Montgomery
NEMANI, MD, Pandharinath	Washington
NEMEZ, MD, Albert	Philadelphia
NEMEZ, MD, Jack S	Philadelphia
NEMIR JR, MD, Paul	Philadelphia
NEMIROFF, MD, Richard L	Philadelphia
NEMIROVSKY, MD, Boris	Philadelphia
NEMZOFF, MD, Sol L	Montgomery
NESBITT, MD, Alexander R	Armstrong
NESBITT, MD, John B	Crawford
NESBITT, MD, Richard A	Luzerne
NESE, MD, Anthony J	Lackawanna
NESI, MD, Daniel A	Bucks
NESPER, MD, James A	Indiana
NESPOLA, MD, Anthony M	Tioga
NESPOLI, MD, Anthony M	Northmbrland
NESTICO, MD, Pasquale F	Philadelphia
NETTROUR, MD, Lewis F	Allegheny
NETTROUR III, MD, W Scott	Allegheny
NEUBAUER, MD, Richard	Philadelphia
NEUMANN, MD, George L	Lackawanna
NEUMAR, ROBERT W	Allegheny
NEUREUTER, MD, Louis J	Lancaster
NEUSTADER, MD, Lawrence M	Philadelphia
NEVILLE, MD, Edwin C	Lackawanna
NEVULIS, MD, John J	Montgomery
NEVYAS, MD, Herbert J	Philadelphia
NEVYAS, MD, Joann Y	Montgomery
NEWBERG, MD, Aaron N	Philadelphia
NEWBERG, MD, Jay A	Allegheny
NEWCOMER, MD, David L	Lancaster
NEWCOMER, JANET A	Allegheny
NEWHOUSE, MD, Joseph J	Westmoreland
NEWILL, MD, William K	Fayette
NEWKAM, DO, Charles R	Dauphin
NEWKIRK, MD, John D	Centre
NEWMAN, MD, Andrew	Philadelphia
NEWMAN, MD, Benjamin E	Philadelphia
NEWMAN, MD, Frank W	Delaware
NEWMAN, DO, Harris	Montgomery
NEWMAN, MD, Leroy	Philadelphia
NEWMAN, MD, Richard A	Chester
NEWMAN, MD, William R	Bedford
NEWMAN III, MD, William H	Lackawanna
NEWMAN JR, MD, Clyde F	Montgomery
NEWSOM, MD, John H	Bucks
NEWTON, MD, Charles T	Lackawanna
NEWTON, MD, E Douglas	Allegheny
NEWTON, MD, Frederick C	Dauphin
NEWTON, MD, Rex H	Allegheny
NEY, MD, F Gregg	Butler
NGEOW, MD, Yin K	Franklin
NGUYEN, MD, Chau H	Allegheny
NGUYEN, MD, De	Allegheny
NGUYEN, MD, Nghi V	Allegheny
NGUYEN, MD, Nhien D	Lebanon
NGUYEN, MD, Tinh-Chau	Allegheny
NGUYEN, TOAN T	Allegheny
NIBBELINK, MD, Donald W	Philadelphia
NICASTRO, MD, Gennaro C	Philadelphia
NICHINI, MD, Franco M	Chester
NICHOLAS, MD, Bradley E	York
NICHOLAS, MD, Gary G	Lehigh
NICHOLAS, MD, James E	Allegheny
NICHOLAS, MD, James L	York
NICHOLAS, MD, Leslie	Philadelphia
NICHOLAS JR, MD, Peter D	Berks
NICHOLLS, MD, Joan E	Schuylkill
NICHOLLS, MD, Richard H	Schuylkill
NICHOLLS, MD, S Glenne	Washington
NICHOLS, MD, Claude E	Dauphin
NICHOLS, MD, David P	Jefferson
NICHOLS, MD, William R	Allegheny
NICHOLSON, MD, Joseph T	Montgomery
NICHOLSON JR, MD, Walter J	York
NICKENS, MD, Oswald J	Allegheny
NICKESON, MD, Robert W	Allegheny
NICKLAS, MD, Donald A	Chester
NICKLAS, MD, Gilbert L	Clinton
NICKLEACH, JOANN	Allegheny
NICKLIN, MD, David E	Philadelphia
NICOLAS, MD, Rudy J	Centre
NICOLETTE JR, MD, Anthony J	Westmoreland
NICOTERO, MD, James A	Allegheny
NICY, MD, Nadija L	Philadelphia
NIDO, MD, Michael P	Cambria
NIEBAUM, MD, Albert H	Berks
NIEDELMAN, MD, Meyer L	Philadelphia
NIEHLS, MD, Beverly J	Berks
NIELAND, MD, Michael L	Allegheny
NIELAND, MD, Nancy S	Allegheny
NIELSEN, MD, R Craig	Lycoming
NIELSEN, MD, Robert K	Lebanon
NIELSON JR, MD, Robert P	Warren
NIEMEYER, MD, Richard H	Lancaster
NIERLE, MD, Richard H	Lycoming
NIES, MD, Gerald F	Washington
NIESEN, MD, Emil T	Wayne/Pike
NIESENBAUM, MD, Leonard	Philadelphia
NIETO, MD, Victor E	Butler
NIEZGODA, MD, Paul E	Luzerne
NIGBOROWICZ, MD, Ronald J	Allegheny
NIKOO, MD, Hooshang M	Philadelphia
NIKOULA, MD, Jawdat A	Westmoreland
NIMOITYN, MD, Benjamin S	Philadelphia
NIMOITYN, MD, Philip	Philadelphia
NINER, MD, Joseph A	York
NINO, MD, Raymond F	Westmoreland
NIREN, MD, Neil M	Allegheny
NISENBAUM, MD, Harvey L	Philadelphia
NISENBAUM, MD, Marcia R	Allegheny
NISSLEY, MD, Jay M	Union
NISTA, MD, Joseph A	Allegheny
NITSKANSKY, MD, Lea	Philadelphia
NITZBERG, MD, Robert S	Allegheny
NIX, MD, Robert D	Allegheny
NJO, MD, Soen H	Montgomery
NOBEL, MD, Cecilia V	Philadelphia
NOBEL, MD, Golda R	Philadelphia
NOBEL, MD, Helen V	Allegheny
NOBEL, MD, Joel J	Philadelphia
NOBLE, MD, Ellenetta B	Washington
NOBLE, MD, Jeyaseelan	Bucks
NOBLE, MD, Paul H	Philadelphia
NOCHE, MD, Cesar N	Fayette
NODEN, MD, George T	Allegheny
NOE JR, MD, William L	Bucks
NOLAN, MD, Teresa A	Allegheny
NOLAN JR, MD, J Philip	Montgomery
NOLAN JR, MD, John P	Montgomery
NOLAN JR, MD, Thomas F	Erie
NOLAND, MD, Robert B	Allegheny
NOLL, MD, Kathleen R	Bradford
NOLLER, MD, William E	Lancaster
NOONAN, MD, Richard P	Dauphin
NOONE, MD, James P	Bradford
NOONE, MD, R Barrett	Philadelphia
NOORBAKHSH, MD, Hossein	Allegheny
NORATO, MD, Joseph F	Dauphin
NORD, MD, Roland E	Lawrence
NORDENBERG, MD, Aaron	Dauphin
NORELLE, MD, Alexis	Philadelphia
NORK, MD, Edward P	Luzerne
NORMINGTON II, MD, Ernest Y	Lehigh
NORRIS, MD, Charles M	Philadelphia
NORRIS, MD, David C	Allegheny
NORRIS, MD, Robert F	Philadelphia
NORTH, MD, Leon L	Montgomery
NORTHROP, MD, Herbert L	Montgomery
NORTHRUP, MD, Bruce E	Philadelphia
NOSHENY, MD, Stanley Z	Philadelphia
NOTARO, MD, John	Beaver
NOTHMANN, MD, Bruce J	Allegheny
NOTZ, MD, Robert G	Montour
NOUMOFF, MD, Joel S	Philadelphia
NOURIAN, MD, Ali A	Lackawanna
NOVAK, MD, Christopher	Philadelphia
NOVAK, MD, Joseph	Allegheny
NOVAK, MD, Joseph F	Allegheny
NOVEMBER, MD, Stephen R	Lackawanna
NOVESKE, MD, F Gregory	Bradford
NOVINGER, MD, Quentin T	Luzerne
NOVOGRADAC, MD, William E	Allegheny
NOWACKI, MD, Stanley M	Montgomery
NOWAK, MD, Catherine J	Philadelphia
NOWOSLAWSKI, MD, Joseph F	Philadelphia
NSEIR, MD, Nawaf I	Westmoreland
NUCUM, MD, Afrodisio N	Lebanon
NULL, MD, Harry M	Allegheny
NULLET, MD, Francis R	Erie
NUNAN JR, DO, Desmond J	Chester
NUNEZ, MD, Ana E	Philadelphia
NUNEZ, MD, Hermes	Allegheny
NUNGESSER, MD, Raymond F	Columbia
NUNNA, MD, Nagabhushanam	Butler
NURBHAI, MD, Murtaza E	Potter
NURKIEWICZ, MD, Stephen A	Montgomery
NUSBAUM, MD, Moreye	Philadelphia
NUSCHKE, MD, John D	Bucks
NUSSBAUM, MD, Allen S	York
NUSSBAUM, MD, Arthur J	Allegheny
NUSSBAUM, MD, Steven J	Delaware
NUTT, MD, Richard L	Montgomery
NUTT III, MD, James N	Montgomery
NUTTER, MD, David E	Lancaster
NYE, BONNIE A	Student

O

OAKLEY, MD, John L	Montour
OAKS JR, MD, Wilbur W	Philadelphia
OBENRADER, MD, Mark F	Montgomery
OBER, MD, Henry E	Westmoreland
OBERFIELD, MD, William J	Delaware
OBERKIRCHER, MD, Oscar R	Montour
OBLEY, MD, David L	Allegheny
OBOYLE, MD, James P	Lackawanna
OBOYLE, MD, Tomas A	Lackawanna
OBRIEN, MD, Edward T	Erie
OBRIEN, MD, James J	Montgomery
OBRIEN, MD, James S	Union
OBRIEN, MD, Mary C	Philadelphia
OBRIEN, MD, Robert G	Allegheny
OBRIEN, MD, William R	Philadelphia
OBRIEN II, MD, John S	Philadelphia
OBSUSIN, MD, Alisa N	Philadelphia
OCAMPO, MD, Renato G	Mckean
OCHENRIDER, MD, Paul D	York
OCHOA, MD, E Ricardo	Allegheny
OCHOCO-CAVANAUGH, MD, Lillian A	Allegheny
OCONNELL, MD, Brent J	Dauphin
OCONNELL, MD, C Leonard	Greene
OCONNELL, MD, Fred H	Philadelphia
OCONNELL, MD, James R	Delaware
OCONNELL, MD, Robert L	Montgomery
OCONNELL, MD, Rose R	Philadelphia
OCONNOR, MD, John P	Allegheny
OCONNOR, MD, John V	Venango
OCONNOR, MD, Leo E	Cambria
OCONNOR, MD, Mary K	Allegheny
OCONNOR, MD, Maureen E	Philadelphia
OCONNOR, MD, Michael J	Philadelphia
OCONNOR, SUSAN E	Allegheny
OCONNOR, MD, Thomas W	Lancaster
OCONNOR, MD, William F	Beaver
OCONNOR III, MD, Thomas J	York
OCONNOR JR, MD, James J	Lackawanna
OCONOR JR, MD, G Thomas	Lancaster

OCZYPOK, MD, Maureen P	Allegheny
OCZYPOK, MD, Paul M	Allegheny
ODIM, MD, Usim	Allegheny
ODONNELL, MD, Chris T	Allegheny
ODONNELL, MD, George J	Luzerne
ODONNELL, MD, John H	Allegheny
ODONNELL, MD, Walter F	Allegheny
OEHRLE, MD, John S	Allegheny
OELS, MD, Helen C	Montgomery
OESTERLING JR, MD, Everett F	Allegheny
OETTING, MD, Lori A	Butler
OFFERMAN, MD, Joop	Allegheny
OFFNER, MD, Theodore W	Philadelphia
OGRADY, MD, Timothy J	Philadelphia
OGUNRO, MD, Charles O	Mercer
OH, MD, Chang W	Lebanon
OH, MD, Jang K	Philadelphia
OH, MD, Kook S	Allegheny
OH, PAUL Y	Student
OH, MD, Sung K	Philadelphia
OH, MD, Yong W	Luzerne
OHANISSIAN, MD, Hanrick G	Delaware
OHARA, MD, Albert E	Philadelphia
OHARA, MD, Kevin W	Delaware
OHEARNE, MD, John S	Wayne/Pike
OHL, MD, Bettina M G	Adams
OJEDA, MD, Virginia L	Philadelphia
OKAGAWA, MD, Rick	Philadelphia
OKEN, MD, Donald	Philadelphia
OKIN, MD, E Michael	Philadelphia
OKOBI, MD, Anthony N	Allegheny
OKUNSKI, MD, Walter J	Lehigh
OLAH, MD, George W	Allegheny
OLEAGA, MD, Juan A	Philadelphia
OLEARCHYK, MD, Andrew S	Philadelphia
OLENGINSKI, MD, Thomas P	Montour
OLEWILER JR, MD, H Newton	Northampton
OLIM, MD, Dave B	Montgomery
OLIN, MD, Stephen T	Lancaster
OLINSKY, MD, Stuart M	Lycoming
OLIVER, MD, John G	Northampton
OLIVER, MD, Orlando P	Westmoreland
OLIVER JR, MD, Thomas K	Allegheny
OLIVERIO, MD, Anthony J	Fayette
OLIVES, MD, Manuel	Dauphin
OLIVIERI, SUZANNE P	Student
OLKEN, MD, Mark D	Philadelphia
OLLER, MD, Samuel	Montgomery
OLMSTEAD, MD, Phillip M	Dauphin
OLNEY, MD, Franklin B	Centre
OLSAKOVSKY, LESLIE A	Allegheny
OLSHAN, MD, Arthur R	Philadelphia
OLSHEFSKI, RANDAL S	Allegheny
OLSHEMSKI, MD, Frank C	Luzerne
OLSON, MD, Dennis A	Mckean
OLSON, MD, Emil W	Montgomery
OLSON, MD, Janne R	York
OLSON, MD, Mary K	Allegheny
OLSON, MD, Peter R	Allegheny
OLSON, MD, Ronald A	Luzerne
OMALLEY, DONALD F	Allegheny
OMALLEY, MD, Donald F	Allegheny
OMALLEY, MD, Kevin B	Philadelphia
OMANA, MD, Jess E	Bucks
ONEAL JR, MD, Alexander H	Montgomery
ONEIL, DO, Robert J	Allegheny
ONEILL, DANIEL K	Student
ONEILL, MD, Hugh	Philadelphia
ONEILL, DO, James P	Lancaster
ONEILL, MD, John J	Delaware
ONG, MD, Bienvenido S	Lawrence
ONG, MD, George P	Cumberland
ONG, MD, Jimmy J	Allegheny
ONIFER, MD, Theodore M	Montgomery
ONQUE, MD, Gloria C	Allegheny
OPALACK, DO, Cheryl A	Montgomery
OPASS, MD, Edward S	Bucks
OPIDA, MD, Ciceron L	Blair
OPIDA, MD, Marina	Blair
OPILA, MD, Loretta A	Blair
OPLINGER, MD, Arthur F	Berks
ORA, MD, Carmen S	Philadelphia
ORAM, MD, Alan J	Columbia
ORAM, MD, Melvin	Lackawanna
ORANGE, MD, Paul D	Franklin
ORDENTLICH, MD, Elena	Philadelphia
ORDINARIO JR, MD, Vicente R	Crawford
ORDIWAY, MD, M Vernon	Elk/Cameron
ORDWAY JR, MD, Eugene E	Lehigh
OREN, MD, Arie	Philadelphia
ORIE, MD, John R	Allegheny
ORLANDO, MD, Joseph D	Luzerne
ORLANDO, MD, Salvatore J	Allegheny
ORLIDGE, MD, Arthur E	Somerset
ORMAN, MD, Steven K	Dauphin
ORNE, MD, Martin T	Philadelphia
OROURKE, MD, David B	Berks
OROURKE, MD, John N	Montour
OROURKE, MD, Terence L	Montour
ORQUIZA, MD, Clodualdo S	Berks
ORR, MD, Daniel G	Chester
ORR, MD, Donald P	Allegheny
ORR, JENNIFER L	Student
ORR, MD, Paul L	Lehigh
ORR, MD, Sidney H	Philadelphia
ORR JR, MD, Ross M	Northampton
ORRINGER, MD, David	Allegheny
ORRIS, MD, Donald J	Jefferson
ORSI, MD, James M	Northampton
ORSINI, MD, Michael A	Beaver
ORTEGA, DO, Kenneth D	Bradford
ORTLEY, DO, Glenn R	Delaware
ORVIS, MD, Harold H	Chester
OSBORN, MD, Hayler H	Montgomery
OSBORN, MD, Ian C	Centre
OSBORNE, MD, David P	Mckean
OSCAR, MD, Alvin D	Philadelphia
OSCHELL, MD, William J	Philadelphia
OSCHWALD, MD, Charles J	Allegheny
OSGOOD, MD, Carroll P	Blair
OSHEKA, MD, William	Allegheny
OSIAL JR, MD, Thaddeus A	Allegheny
OSIAS, MD, Marc B	Montgomery
OSKIN, MD, Hilbert E	Westmoreland
OSLICK, MD, Theodore	Philadelphia
OSMAN, MD, Khadra M	Philadelphia
OSMICK, MD, Mary J	Philadelphia
OSOFSKY, MD, Murray V	Allegheny
OSORIO, MD, Emmanuel P	Philadelphia
OSOWSKI, MD, Thad	Washington
OST, MD, Mary A	Chester
OSTDAHL, MD, Roger H	Dauphin
OSTERGAARD, CARY A	Student
OSTERHOLM, MD, Jewell L	Philadelphia
OSTERMAN, MD, A Lee	Philadelphia
OSTFELD, MD, David A	Northampton
OSTMAN, MD, Zenaida E	Dauphin
OSTROWSKI, DO, Charles A	Elk/Cameron
OSTRUM, MD, Bernard J	Philadelphia
OTOOLE, MD, James D	Allegheny
OTOOLE, MD, Thomas F	Philadelphia
OTT, MD, Carol E	Philadelphia
OTTENBERG, MD, Donald J	Philadelphia
OTTONELLO, MD, Domingo G	Allegheny
OU, MD, Kuang-Yu	Allegheny
OUANO, MD, Romeo C	Luzerne
OVERBECK, MD, Michael D	Montgomery
OVERFIELD, MD, Edward M	Erie
OVERLY, MD, Wylie L	Westmoreland
OVERMILLER, MD, Carl L	Dauphin
OVERMOYER, MD, Beth A	Philadelphia
OVITZ, MD, Morris	Lehigh
OWCZYKOWSKY, MD, Bernard J	Armstrong
OWEIDA, MD, Nizar N	Westmoreland
OWEN, MD, Barbara J	Montgomery
OWEN, MD, Rodney S	Philadelphia
OWENS, MD, David E	Luzerne
OWENS, MD, E Reese	Allegheny
OWENS, DO, Edward J	Crawford
OWENS, MD, John D	York
OWENS, R SCOTT	Student
OWENS, MD, Thomas A	Cambria
OYER, MD, Randall A	Philadelphia
OYER, MD, Rosanne H	Philadelphia

P

PACANOWSKI, MD, John P	Bradford
PACEK, MD, Robert F	Armstrong
PACHECO, MD, Jose M	Venango
PACHTMAN, MD, Isadore	Allegheny
PACIFICO, MD, Ronald L	Allegheny
PACIOTTI, MD, Samuel M	Monroe
PACIS, MD, Constante D	Northampton
PACIULLI, MD, Raffaele	Berks
PACKMAN, MD, Barry E	Philadelphia
PACKMAN, MD, Ira J	Dauphin
PACURARIU, MD, Radu I	Luzerne
PACZKOWSKI, MD, Karen	Mifflin/Juni
PADALINO, MD, Michael J	Venango
PADEN, MD, Drue R	Luzerne
PADGET, MD, Edward S	Philadelphia
PADILLA, MD, Jaime S	Montgomery
PADIN, MD, Frederico A	Venango
PADIYAR, MD, Ramdas B	Berks
PADOLINA, MD, Ruby M	Philadelphia
PADUA-DEOCERA, MD, Zaida P	Bucks
PADULA, MD, Anthony M	Philadelphia
PAE, MD, Dong W	Westmoreland
PAE, MD, Walter E	Dauphin
PAEZ, MD, Eduardo J	Philadelphia
PAGANA, MD, John P	Northmbrland
PAGANA, MD, Timothy J	Lycoming
PAGE, DEAN A	Allegheny
PAGE, MD, Michael J	Dauphin
PAGE, MD, Robert B	Dauphin
PAGE JR, MD, Edwin H	Beaver
PAGNANELLI, MD, David M	Montgomery
PAGNIELLO, MD, Lucia	Crawford
PAGNOTTI, MD, Joseph P	Lackawanna
PAHLAJANI, MD, Hiro B	Philadelphia
PAI, MD, K Gopalkrishna	Allegheny
PALANDJIAN, MD, Khatchadour B	Lackawanna
PALANISAMY, MD, Subramaniam	Allegheny
PALANT, MD, Marina B	Philadelphia
PALAO, MD, Manuel C	Northampton
PALAT, DO, Herman W	Philadelphia
PALATIANOS, MD, George M	Philadelphia
PALATKA, MD, Andrew A	Lawrence
PALENA, MD, Peter V	Delaware
PALEPU, MD, Showri	Allegheny
PALIN, MD, William E	Bedford
PALKOVITZ, MD, Harry P	Allegheny
PALKOVITZ, MD, Joseph	Allegheny
PALLADINO, MD, Diane P	Philadelphia
PALLAN, LAURA A	Allegheny
PALLEN, MD, Daniel	Lancaster
PALLITTO, LORRAINE R	Student
PALLONE, DO, Leslie T	Beaver
PALMER, MD, Arthur H	Allegheny
PALMER, MD, Clarkson T	Philadelphia
PALMER, MD, Michael H	Franklin
PALMER, MD, Robert H	Philadelphia
PALMER, MD, William D	Allegheny
PALMER JR, MD, Dale H	Centre
PALMER JR, MD, William E	Cambria
PALOS, MD, Lorraine C	Delaware
PALUMBO, MD, John A	Lancaster
PALUS, MD, Bernard R	Allegheny
PALUSO, MD, Eugene F	Washington
PALUSO, MD, John R	Washington
PAN, MD, Dorothy S	Centre
PAN, MD, Edward L	Berks
PANAHANDEH, MD, Abolhassan	Allegheny
PANARO, MD, Rudolph J	Montgomery
PANAYOTOVA, MD, Maria L	Northampton
PANCHAL, MD, Pravin D	Allegheny
PANCOAST, MD, Stephen J	Lackawanna
PANDELIDIS, MD, Pandelis K	York
PANDIT, MD, Devayani I	Allegheny
PANDIT, MD, Indravadan N	Allegheny
PANDIT, MD, Niraj P	Philadelphia
PANDIT, MD, Santosh M	Allegheny
PANDOLPH, MD, Stephen J	Centre
PANEBIANCO, MD, Antonio C	Lehigh
PANEK, MD, Bernard S	Cambria
PANG, MD, Dachling	Allegheny
PANG, MD, Kam Fai	Allegheny
PANICCO, DO, Richard J	Washington
PANIKKAR, MD, Ananda K	Columbia
PANITCH, MD, Deborah	Philadelphia
PANTALONE, MD, Albert	Beaver
PANTALONE, MD, Angelo L	Allegheny
PANTALONE, MD, Frank A	Westmoreland
PANTINO, MD, Thomas M	Allegheny
PANZER, MD, Glenn M	Luzerne
PANZER, MD, Herman M	Montgomery
PAOLINI, MD, Mauro J	Berks
PAPADOPOULOS, PATRICIA P	Student
PAPAS, MD, Spiro N	Allegheny
PAPAZIAN, MD, Ara	Allegheny
PAPINCAK, MD, Larry J	Fayette
PAPOLA, MD, Gino G	Delaware
PAPPANO JR, MD, Joseph E	Montgomery
PAPPAS, MD, Charles E	Philadelphia
PAPPAS, MD, Michael T	Allegheny
PARABIA, MD, Perin F	Lackawanna
PARABOSCHI, CHARLES F	Allegheny
PARADOWSKI, MD, Frank W	Philadelphia
PARAGAS SR, MD, Lamberto S	Centre
PARAMESWARIN, MD, R	Philadelphia
PARCINSKI, DO, Richard E	Cambria
PARDINE, MD, Marilyn T	Wayne/Pike
PARENT JR, MD, Fernand N	Washington
PARENTE, MD, Romulo Q	Blair
PARENTE JR, JOHN P	Student
PARENTI, MD, Dennis L	Northampton
PARENTI, MD, John M	Montour
PARESO, MD, James D	Washington
PARFENCHUCK, THOMAS A	Student
PARIKH, MD, Bharati K	Allegheny
PARIKH, MD, Kiran J	Allegheny
PARIKH, MD, Mukul L	Dauphin
PARIKH, MD, Neelima M	Dauphin
PARIKH, MD, Shirish N	Berks
PARISH, MD, Lawrence C	Philadelphia
PARISI, MD, Erika F	Delaware
PARK, MD, Boyd N	Butler
PARK, MD, Byung S	Westmoreland
PARK, MD, Chan D	Allegheny
PARK, MD, Chan H	Philadelphia
PARK, MD, Chong H	Philadelphia
PARK, MD, Chong S	Erie
PARK, MD, Eugene	Allegheny
PARK, MD, Guy K	Philadelphia
PARK, MD, Hee-Ok	Philadelphia
PARK, MD, Hong S	Cumberland
PARK, MD, Hyung K	Philadelphia
PARK, MD, Joon O	Beaver
PARK, MD, Joseph M	Indiana
PARK, MD, Min H	Fayette
PARK, MD, Nae H	Dauphin
PARK, MD, Nancy H	Allegheny
PARK, MD, Neil I H	Cambria
PARK, MD, Pum K	Delaware
PARK, MD, Sang B	Allegheny
PARK, MD, Sang T	Philadelphia
PARK, MD, Sung H	Schuylkill
PARK, MD, Thomas E	Fayette
PARK, MD, Young W	Lycoming
PARKER, MD, Albert F	Chester
PARKER, MD, Albert G	Allegheny
PARKER, MD, Andrew J	Mifflin/Juni
PARKER, DO, Frank	Clinton
PARKER, MD, Janet A	Philadelphia
PARKER, MD, John S	Westmoreland
PARKER II, MD, Harold G	Philadelphia
PARKER JR, MD, James H	Berks
PARKER-COHEN, PAMELA D	Student
PARKIN, MD, Jacqueline V	Philadelphia
PARKMAN, MD, Henry P	Philadelphia
PARKS, MD, Donald B	Philadelphia
PARKS, DO, Joseph L	Indiana
PARKS, JUDITH A	Student
PARKS JR, MD, Lytle R	Centre
PARLAVECCHIO, MD, Dennis S	Jefferson
PARLEE, MD, Donald E	Bucks
PARLIMENT, MD, Joel W	Lancaster
PARNES, MD, Curt I	Montgomery
PARNES, MD, Herbert M	Dauphin
PARONISH, MD, William J	Cambria
PARR, MD, Grant V S	Philadelphia
PARR, MD, Justin L	Philadelphia
PARRILLO, MD, Douglas W	Lackawanna
PARRISH, BETH	Student
PARRY, MD, Carolyn E	Philadelphia
PARRY, MD, H Frazer	Philadelphia
PARRY, MD, John S	Mifflin/Juni
PARRY, MD, Peter V	Delaware
PARRY, MD, Rhinard D	Northampton
PARSI, MD, Rouzbeh K	Philadelphia
PARSICK, MD, Daniel P	Lackawanna
PARSONS, MD, William H	Erie
PARSONS EXEC SEC, ROBERT R	Lehigh
PARUCHURI, MD, Sra	Mercer
PARULIS, MD, Albert C	Beaver
PARVA, MD, Ghasem	Allegheny
PASCAL, MD, Harold J	Monroe
PASCAL, MD, Joseph	Lehigh
PASCUA, MD, Alexander V	Beaver
PASCUAL, MD, Generoso S	Allegheny
PASCUCCI, MD, Stephen E	Lackawanna
PASDAR, MD, Homayoon	Philadelphia
PASERCHIA, LORI A	Student
PASH, CHRISTOPHER A	Allegheny
PASHMAN, MD, David R	Philadelphia
PASKIN, MD, David L	Philadelphia
PASQUARIELLO, MD, Patrick S	Philadelphia
PASSERO, MD, Frank C	Delaware
PASSLOFF, ELLEN S	Student
PASTO, MD, Matthew E	Philadelphia
PASTOR, MD, James A	Lebanon
PATADIA, MD, Chandrakant	Berks
PATAKI, MD, Richard S	Washington
PATALINGHUG JR, MD, Pascual N	Franklin
PATANKAR, MD, Kalpana U	Chester
PATEL, AMIT A	Student
PATEL, MD, Ashokkumar B	Allegheny
PATEL, MD, Ashokkumar C	Lackawanna
PATEL, MD, Bakulesh D	Montour
PATEL, MD, Bhupendra R	Lackawanna
PATEL, MD, Bipinchandra M	Lackawanna
PATEL, MD, Gautam P	Allegheny
PATEL, MD, Hareshkumar D	Bradford
PATEL, MD, Harshad K	Philadelphia
PATEL, MD, Harshad R	Lycoming
PATEL, MD, Harshadkumar B	Lancaster
PATEL, MD, Jagdish D	Cambria
PATEL, MD, Jay C	Philadelphia
PATEL, MD, Jayantilal R	Bucks
PATEL, MD, Jivanlal M	Clarion
PATEL, MD, Kanchanlal S	Lawrence
PATEL, MD, Kantilal C	Erie
PATEL, MD, Madhukar R	Lebanon
PATEL, MD, Manojkumar R	Beaver
PATEL, MD, Manu N	Columbia
PATEL, MD, Manubhai R	Philadelphia
PATEL, MD, Minaxi G	Allegheny
PATEL, MD, Mohan M	Westmoreland
PATEL, MD, Mukesh A	Delaware
PATEL, MD, Natvarbhai	Montgomery
PATEL, MD, Prabha H	Delaware
PATEL, MD, Purshottam N	Northmbrland
PATEL, MD, Ramesh C	Lackawanna
PATEL, MD, Rasila P	Union
PATEL, MD, Sanjay D	Montgomery
PATEL, MD, Satish D	Luzerne
PATEL, MD, Shashikant B	Dauphin
PATEL, MD, Subodh G	Greene
PATEL, MD, Surendra R	Lawrence
PATEL, MD, Vinod M	Erie
PATERNITI, MD, Samuel F	Lebanon
PATERSON, MD, Kimberly K	Crawford
PATHAK, MD, Hridayesh K	Warren
PATHAK, MD, Rajani K	Jefferson
PATHEJA, MD, Jotinder K	Westmoreland
PATHROFF, MD, Robert	Montgomery
PATNAIK, MD, Ramprasad	Philadelphia
PATRIARCO, DO, Michael S	Lehigh
PATRICIO, MD, Alejandro M	Fayette
PATRICK, MD, David B	Beaver
PATRICK, MD, David R	Beaver
PATRICK, MD, Gregory B	Allegheny
PATRICK, MD, Michael A	Northampton
PATRICK, MD, Nicholas E	Lackawanna
PATTANAYAK, MD, Minati	Bucks
PATTERNAC, MD, Deborah A	Luzerne
PATTERNAC, MD, Stephen T	Luzerne
PATTERSON, MD, Chris	Delaware
PATTERSON, MD, Cynthia M	York
PATTERSON, MD, Elizabeth A	Allegheny
PATTERSON, MD, George W	Allegheny
PATTERSON, MD, John R	Philadelphia
PATTERSON, MD, John W	Northampton
PATTERSON, MD, Joseph R	Cambria
PATTERSON, MD, Leland F	Dauphin
PATTERSON, MD, Lewis T	Dauphin
PATTERSON, MD, Richard J	Dauphin
PATTERSON, MD, Robert J	Philadelphia
PATTERSON JR, MD, Arthur J	Greene
PATTISHALL III, MD, Evan G	Dauphin
PATTISHALL JR, MD, Evan G	Centre
PATTON, MD, Anna M	Allegheny

PATTON, MD, Carla S	Bucks
PATTON, MD, George D	Allegheny
PATTON, MD, Mary L	Delaware
PATUKAS, MD, Peter C	Chester
PAUL, MD, Albert J	Philadelphia
PAUL, MD, Alvin J	Montgomery
PAUL, MD, Anthony R	Philadelphia
PAUL, MD, Boris	Monroe
PAUL, MD, Champa L	Bucks
PAUL, MD, George J	Northampton
PAUL, MD, Gerson S	Philadelphia
PAUL, MD, Hugo B	Allegheny
PAUL, MD, Jay	Butler
PAUL, JONATHAN J	Allegheny
PAUL, MD, Phyllis O	Philadelphia
PAUL, MD, Richard	Allegheny
PAUL, MD, Ronald L	York
PAUL JR, MD, John D	Lancaster
PAULETTO, MD, Ferrel J	Delaware
PAULEY, MD, Lois P	Bucks
PAULEY, MD, William G	Bucks
PAULONE, MD, Mary E	Allegheny
PAUTLER, MD, Stanislav	Allegheny
PAVLIC, MD, George J	Allegheny
PAVLIDES, MD, Constantinos A	Philadelphia
PAVLIS, MD, Robert J	Allegheny
PAVSEK, MD, Edward J	Allegheny
PAVUK, MD, Daniel J	Lackawanna
PAWAR, MD, Surendra V	Allegheny
PAWELSKI, MD, Richard J	Dauphin
PAWLOSKY, MD, Frank X	Allegheny
PAWLOWSKY, DO, Michael	Montgomery
PAXSON, DO, Stephen G	Centre
PAYAN, MD, Hushang M	Allegheny
PAYAWAL, MD, Aurora S	Philadelphia
PAYNE, MD, Christopher K	Philadelphia
PAYNE, MD, Virginia L	Northmbrland
PEACOCK, MD, Thomas E	Northampton
PEAL, MD, Stanley	Allegheny
PEALE, MD, Augustin R	Philadelphia
PEARAH, MD, J David	Berks
PEARCE, MD, Alexander E	Philadelphia
PEARCE, MD, Steven R	York
PEARD, MD, Robert J	Allegheny
PEARLSTINE, MD, Beatrice	Philadelphia
PEARSON, MD, Frederick J	Northampton
PEARSON, MD, Harold W	Berks
PEARSON, MD, June A	Monroe
PEASE, MD, Fred	Clearfield
PEASE, MD, William E	Dauphin
PECHIN, MD, Sergius P	Delaware
PECHSTEIN, MD, George R	Montgomery
PECHT, MD, Karl R	Clinton
PECK, MD, William J	Lycoming
PECMAN, MD, Joanna	Allegheny
PEDIGO, MD, James M	Philadelphia
PEDROTTY JR, MD, Francis W	Philadelphia
PEER, MD, Meeta D	Philadelphia
PEFF, MD, Thomas C	Philadelphia
PEGEL, MD, Louis A	Montgomery
PEGGS, MD, Michael A	Philadelphia
PEGUERO, MD, O Alberto	Luzerne
PEIFER, MARY ANNE K	Student
PEIKES, MD, Irwin L	Montgomery
PEIMER, MD, Michael E	Delaware
PEINDL, MD, Paul M	Beaver
PEIRSEL, MD, Paul E	Somerset
PEIRSOL, MD, Betty L	Allegheny
PEITZMAN, MD, Andrew B	Allegheny
PEITZMAN, MD, Steven J	Philadelphia
PELAEZ, MD, Manuel	Fayette
PELCZAR, MD, Eugene W	Luzerne
PELEKANOS, MD, Michael J	Allegheny
PELENSKY, MD, Jeanne M	Philadelphia
PELICCI, MD, Leroy J	Lackawanna
PELKOFER, MD, Cletus G	Allegheny
PELKOWSKI, MD, David J	Bradford
PELL, MD, John J	Chester
PELL III, MD, Edward N	Somerset
PELLECCHIA, MD, Patrick E	Philadelphia
PELLEGRINI, MD, Ronald V	Allegheny
PELLEGRINI, MD, Vincent A	Berks
PELLICANE JR, JAMES V	Allegheny
PELLIZZARI, MD, Rinaldo G	Erie
PELMAN, MD, Robert N	Philadelphia
PELOSI, MD, Louis M	Philadelphia
PELSZYNSKI, MD, Eugene E	Philadelphia
PELTZ, MD, Dieter E	Montgomery
PENCHANSKY, MD, Barry H	Lancaster
PENDERGAST, WILLIAM J	Allegheny
PENDLETON, MD, James L	Montgomery
PENDRAK, MD, Robert F	Dauphin
PENMAN, MD, William R	Chester
PENN, MD, Samuel E	Allegheny
PENNELL JR, MD, Edgar L	Philadelphia
PENNEYS, MD, Edith T	Philadelphia
PENNINGTON, MD, Neil D	Chester
PENNISI, MD, Alfio K	Montour
PENNOCK, MD, John L	Dauphin
PENNOCK, MD, L Lewis	Allegheny
PENNOCK, MD, Ronald S	Philadelphia
PENTA, MD, John M	Berks
PENUGONDA, MD, Dwaraki B	Luzerne
PENUGONDA, MD, Haragopal S	Luzerne
PEPE, MD, Peter F	Centre
PEPICELLO, MD, James A	Erie
PEPPER, MD, L Douglas	Allegheny
PEPPERMAN, MD, Larue E	Lycoming
PERALTA, MD, Juan O	Northmbrland
PERCH, MD, Gerald A	Montgomery
PERCH, MD, Robert B	Montgomery
PERER, MD, William A	Allegheny
PERERA, MD, L Wimal	Montgomery
PEREZ, MD, Erlinda B	Fayette
PEREZ, MD, Godofredo B	Fayette
PEREZ, MD, Horacio A	Allegheny
PERFETT, MD, Alfred A	Mercer
PERILSTEIN, MD, Michael D	Berks
PERIN, MD, Lawrence A	Lehigh
PERIS, MD, Leon A	Philadelphia
PERKEL, MD, Robert L	Philadelphia
PERKINS, MD, Charles G	Luzerne
PERLIN, MD, Mark W	Allegheny
PERLMAN, MD, Abraham	Philadelphia
PERLMAN, ADRIENNE S	Student
PERLMAN, CLAIRE B	Student
PERLMAN, MD, Henry H	Philadelphia
PERLMAN, MD, Herbert C	Cumberland
PERLMUTTER, MD, Gordon S	Berks
PERLOFF, MD, Leonard J	Philadelphia
PERLOSKI, MD, Leo	Schuylkill
PERLSTEIN, MD, Deborah A	Delaware
PERLSTEIN, MD, Samuel M	Philadelphia
PERNA, MD, Francis X	Dauphin
PERNESKI, MD, Robert L	Elk/Cameron
PEROUTKA, MD, Kathryn	Dauphin
PERRI, MD, Francis R	Allegheny
PERRI, MD, John A	Allegheny
PERRICCI, MD, Ellen S	Lebanon
PERRIGE, MD, William M	Northmbrland
PERRIN, MD, Ronald L	Allegheny
PERRIN, MD, Samuel R	Allegheny
PERRINE, MD, Jane E	Philadelphia
PERRONE, MD, Frank F R	Fayette
PERRONE, MD, Frank M	Allegheny
PERRONE JR, MD, Frank P	Westmoreland
PERROTTA JR, CHARLES	Allegheny
PERROTTO, MD, Santle L	Philadelphia
PERRY, MD, Anthony M	Lackawanna
PERRY, MD, James M	Montour
PERRY, MD, John F	Chester
PERRY, MD, Lee C	Beaver
PERRY, MD, Raymond A	Bradford
PERRY JR, JOHN N	Allegheny
PERRYMAN, MD, Charles A	Allegheny
PERRYMAN, MD, Charles R	Allegheny
PERSHING, MD, Hugh S	Bucks
PERSIC JR, MD, Louis A	Centre
PERSING, MD, John H	Union
PERSING JR, MD, Harry M	Blair
PERSON, MD, Morgan D	Lehigh
PERZLEY, MD, Richard I	Philadelphia
PESKE, MD, Edgar D	Erie
PESSOLANO, MD, Carl J	Allegheny
PESSOLANO, MD, Francis X	Somerset
PESSOLANO, MD, Frank J	Allegheny
PETER, MD, Mohan	York
PETER JR, MD, Carl W	Berks
PETERNEL, MD, Wayne W	Allegheny
PETERS, MD, Charles D	Lehigh
PETERS, MD, Harold E	Lancaster
PETERS, MD, John W	Lackawanna
PETERS, MD, Leonard L	Venango
PETERS, MD, Michael	Bucks
PETERS, MD, Raymond F	Washington
PETERS, MD, Richard A	Warren
PETERS, MD, Robert J	Fayette
PETERS, MD, Stanley F	Bucks
PETERS, MD, Vaughan	Allegheny
PETERS, MD, Walter K	Northampton
PETERS, DO, William S	Lackawanna
PETERS II, MD, C A P	Lycoming
PETERS III, MD, Ray F	Bucks
PETERS III, MD, Robert H	Schuylkill
PETERS JR, MD, Robert H	Luzerne
PETERSOHN, MD, J Randolph	Montgomery
PETERSON, MD, Arthur L	Montgomery
PETERSON, MD, Clifford M	Erie
PETERSON, MD, Donald D	Philadelphia
PETERSON, ERIC D	Allegheny
PETERSON, JACQUELINE R	Allegheny
PETERSON, MD, Roger D	Lancaster
PETERSON JR, MD, Charles B	Lancaster
PETERSON JR, MD, Jay B	Westmoreland
PETILLA, MD, Mariano E	Allegheny
PETIT, MD, Charles D	Indiana
PETKUS, MD, John A	Wayne/Pike
PETRAGLIA, MD, Angelo A	Allegheny
PETRAGLIA, MD, Paul	Allegheny
PETRAS, MD, Laslo S	Allegheny
PETRAUSKI, MD, Gary T	Bucks
PETRE JR, MD, John H	Erie
PETRICK, MD, Thomas P	Westmoreland
PETRIDES, MD, Anastasia B	Delaware
PETRIDES, SAVAS	Student
PETRO, MD, Dimitri M	Washington
PETRUCCELLI, MD, Nicholas D	Northampton
PETRUNCIO, MD, George J	Montgomery
PETT JR, MD, Stephen D	Erie
PETTAPIECE JR, MD, Milton C	Allegheny
PETTERSON, MD, Eric	Schuylkill
PETTI, MD, Theodore A	Allegheny
PETTINATO, MD, Salvatore R	Lackawanna
PETTINELLI, DO, Frank P	Philadelphia
PETTIT, MD, Horace	Philadelphia
PETTIT, MD, Mary D	Philadelphia
PETZ, MD, Colin J	Northampton
PETZ, DO, Darrell W	Allegheny
PEVAR, MD, Joel B	Philadelphia
PEW, MD, Joseph N	Berks
PEZZI, MD, Pio J	Montgomery
PEZZUTI, MD, John E	Dauphin
PFAEFFLE, MD, Hugo H	Allegheny
PFEFFER, MD, William H	York
PFEFFER, MD, William H	Philadelphia
PFEIFER III, MD, William F	Chester
PFEIFFER, MD, Mildred C	Philadelphia
PFEIL, MD, Russell W	Lycoming
PFISTER, MD, John A	Montgomery
PFLUGFELDER, MD, Elizabeth A	Chester
PFOHL, MD, David N	Philadelphia
PFRIMMER, MD, Wayne J	Allegheny
PFROMMER, MD, James H	Bucks
PFROMMER, MD, James M	Philadelphia
PHADKE, MD, Madhav V	Venango
PHAN, MD, Ngoc A	Philadelphia
PHANSE, MD, Kalyani M	Washington
PHANSE, MD, Mohan S	Allegheny
PHARR, MD, William F	Montour
PHATAK, MD, Meena V	Montgomery
PHEASANT, MD, Thomas R	Dauphin
PHELAN, MD, Gerald R	Montgomery
PHELAN, MD, Thomas I	Philadelphia
PHELAN, MD, William J	Lehigh
PHEMISTER, MD, Thurman L	Elk/Cameron
PHIAMBOLIS, MD, Thomas P	Montgomery
PHILBIN, MD, Joseph F	Lackawanna
PHILBIN, MD, Terence J	Allegheny
PHILIPS, MD, Andrew J	Philadelphia
PHILLIPS, MD, Howard T	Allegheny
PHILLIPS, MD, J Douglas	Dauphin
PHILLIPS, MD, Jane A	Allegheny
PHILLIPS, MD, John C	Allegheny
PHILLIPS, MD, John D	Lancaster
PHILLIPS, MD, John G	Allegheny
PHILLIPS, MD, Paul F	Dauphin
PHILLIPS, MD, Philip	Allegheny
PHILLIPS, MD, R Wayne	York
PHILLIPS, MD, Spencer D	Lancaster
PHILLIPS, MD, Thomas G	Centre
PHILLIPS, MD, Vernon R	Dauphin
PHILLIPS, MD, William A	Philadelphia
PHILLIPS, MD, William J	Bradford
PHILLIPS, MD, William W	Allegheny
PHILLIPS III, MD, Chester A	Allegheny
PHILLIPS JR, MD, C Aiken	Allegheny
PHILLIPS JR, THEODORE B	Student
PHITAYAKORN, MD, Chit	Allegheny
PHITAYAKORN, MD, Preyaratt	Allegheny
PIATNEK-LEUNISSEN, MD, Dorothy A	Delaware
PIATT III, MD, John E	Centre
PIAZZA, MD, Michael R	Delaware
PICCINI, MD, Paul A	Dauphin
PICCOLO, DO, Anthony R	York
PICCONE, DO, Bruce R	Philadelphia
PICK, MD, Ernest J	Philadelphia
PICKAR, MD, James H	Delaware
PICKENS, MD, Peter V	Montgomery
PICKERILL, MD, Robert G	Cambria
PICKERING, MD, Harold C	Philadelphia
PICKERING, MD, Jack E	Montgomery
PICZON, MD, Oscar Y	Lackawanna
PICZON, MD, Severino Y	Lackawanna
PIDUTTI, MD, Richard W	Cambria
PIEGARI, MD, Guy N	Berks
PIERCE, MD, Leslie S	Westmoreland
PIERCE, MD, William S	Dauphin
PIERDON, MD, Steven B	Schuylkill
PIEROTTI, MD, Richard J	Montgomery
PIERSON, MD, Steven B	Bucks
PIETRAGALLO, MD, Louis D	Allegheny
PIFALO, MD, W Bradley	Allegheny
PIFER, MD, Gerald W	Allegheny
PIFER, DO, John F	Berks
PIFFERETTI, MD, Thomas W	Westmoreland
PIGNATIELLO, GAIL A	Student
PIGOZZI, MD, William N	Allegheny
PIKE, MD, Anne H	Philadelphia
PIKE, MD, Debra S	Indiana
PILAREK, MD, Valentine F	Luzerne
PILEGGI, MD, Anthony J	Montour
PILEWSKI, MD, Robert M	Venango
PILGRAM, MD, Philip A	Clearfield
PINEDA, MD, Honorio G	Fayette
PINKERTON, DO, Richard A	Cambria
PINSK, MD, Jeffrey H	Philadelphia
PINSKI, MD, Gabriel	Philadelphia
PINTIMALLI, MD, Joseph T	Philadelphia
PINTO, MD, Thomas B	Allegheny
PIOTROWSKA, MD, Lucy B	Montgomery
PIOTROWSKI, MD, Thaddeus A	Blair
PIPER, MD, Donald E	York
PIPER, MD, Russell W	Washington
PIRAINO, MD, Anthony J	Delaware
PIRANIAN, MD, Scott S	Beaver
PIROCH, MD, Joseph G	Crawford
PIROLI, MD, Robert J	Allegheny
PIRRELLO, MD, Anthony M	Butler
PIRRIS, MD, John	Washington
PISANO, MD, Daniel J	Philadelphia
PISTONE, MD, Gregory A	Philadelphia
PISULA JR, MD, Vincent P	Adams
PISZCZEK, MD, Joseph E	Luzerne
PITCAVAGE, MD, James G	Allegheny
PITKOW, MD, Ronald B	Bucks
PITTENGER, MD, Mary A	Philadelphia
PITTENGER, MD, Rex A	Allegheny
PITTLE, HOWARD S	Student
PITTS, MD, William H	Armstrong
PITYK JR, MD, Peter E	Allegheny
PIWOZ, MD, Seymour	Philadelphia
PIXLER, MD, Mary G	Berks
PIZZANO, MD, Joseph A	Philadelphia
PIZZI, MD, Wilson B	Washington
PIZZICA, DO, Albert L	Philadelphia
PIZZUTILLO, MD, Peter D	Philadelphia
PLACCI, MD, Carlos A	Allegheny
PLACE, MD, Elmer R	Lebanon
PLAGATA, MD, Edith M	Delaware
PLANO, DO, Vincent F	Northampton
PLATT, MD, Benjamin B	Schuylkill
PLATT, MD, Marc J	Philadelphia
PLATT, MD, Ruth M	Philadelphia
PLAYFOOT, MD, Donald E	Lancaster
PLAZA-PONTE, MD, Mario T	Allegheny
PLESSET, MD, Marvin R	Allegheny
PLEVA, STEPHANIE G	Student
PLISKIN, MD, Mark	Monroe
PLOTKIN, MD, Stanley A	Philadelphia
PLOTZKER, MD, Maria R	Chester
PLOTZKER, MD, Richard I	Chester
PLOURDE, MD, Paul V	Lancaster
PLUMB, MD, James D	Centre
PLUME, MD, Theodore W	Montgomery
PLUMMER, MD, Lloyd G	Westmoreland
PLUMMER, MD, Robert A	Cambria
PLUMMER 3RD, MD, William	Chester
PLUMMER JR, MD, Robert E	Mifflin/Juni
PLUNDO, DO, Gary P	Westmoreland
PLUNDO, DO, Larry J	Westmoreland
PLUNKETT, MD, Francis X	Allegheny
PLUTNICKI, MD, Ronald S	Lancaster
PLUTO, CHRISTINE M	Student
PLYMYER, MD, Ray E	Berks
POBER, MD, Hymen A	Allegheny
POBER, MD, Iren J	Allegheny
POBER, MD, Kenneth A	Westmoreland
POCHAPIN, MD, Sherman W	Allegheny
PODBOY, MD, August J	York
PODELL, DO, Joel C	Philadelphia
PODELL, MD, Morris J	Philadelphia
PODGAINY, MD, Helen J	Allegheny
PODOLSKY, MD, Sherman M	Philadelphia
PODRASKY, MD, David F	Bucks
POEHLMANN, NANCY T	Student
POGGI, DO, Alfred J	Somerset
POHL, MD, Charles E	Lancaster
POINSARD, MD, Paul J	Philadelphia
POINT, MD, Stuart W	Allegheny
POKORNEY, MD, Bruce H	Lancaster
POKORNEY, MD, Dale R	Mercer
POKORNY, KATHRYN A	Allegheny
POLACHECK JR, MD, William J	Dauphin
POLAKOFF II, MD, Pedro	Philadelphia
POLAM, MD, Chandra R	Allegheny
POLAN, MD, Simon	Philadelphia
POLAN, DO, Stacey I	Philadelphia
POLATTY, DO, Thomas V	Clarion
POLCINO, MD, Samuel C	Philadelphia
POLENTA, MD, John P	Allegheny
POLIDORA, MD, Frank C	Luzerne
POLIDORA, MD, Joseph J	Allegheny
POLIN, MD, Edward B	Philadelphia
POLINER, MD, Hime S	Northampton
POLINTAN, MD, Rodolfo S	Clearfield
POLIS, MD, Mark J	Lycoming
POLISHOOK, MD, Robert D	Philadelphia
POLK, MD, Lewis D	Philadelphia
POLK, MD, Miriam R	Dauphin
POLL, MD, David S	Philadelphia
POLLACK, MD, David M	Delaware
POLLACK, MD, David S	Blair
POLLACK, MD, Dean N	Allegheny
POLLACK, MD, Dorothy J	Allegheny
POLLACK, MD, Howard M	Philadelphia
POLLER, MD, William R	Allegheny
POLLICE, MD, Philip G	Allegheny
POLLINO, MD, Vincent	Lackawanna
POLLOCK, MD, Arthur E	Blair
POLLOCK, MD, Burton H	Allegheny
POLLOCK, MD, Jeffrey L	Philadelphia
POLLOCK, MD, Michael S	Indiana
POLSKY, MD, Harry S	Montgomery
POMERANTZ, MD, Arthur H	Philadelphia
POMERANTZ, MD, Joel D	Philadelphia
POMERANTZ, MD, Marc B	Allegheny
POMERANTZ, MD, Philip A	Berks
POMMERSHEIM, MD, William J	Lawrence
POMPILIO, MD, Kenneth J	Bedford
POMPIZZI, MD, Ermin D	Philadelphia
POMPONIO, MD, Joseph G	Northampton
POND, MD, Harold S	Monroe
PONTARELLI, MD, Domenic J	Philadelphia
PONTIUS, MD, John G	Lancaster
PONTZ, MD, Jack B	Lancaster
PONTZER, MD, Herbert	Elk/Cameron
POOL, MD, Champe C	Dauphin
POOLE, MD, Edward F	Bucks
POOLE, MD, Jay H	Westmoreland
POOLE, MD, Robert	Chester
POORE, MD, George C	Potter
POORMAN, MD, S Sturgis	Montgomery
POPAT, MD, Anjana V	Dauphin
POPE, MARYBETH	Allegheny
POPHAL, MD, Mahlon J	Lycoming
POPKY, MD, George L	Philadelphia
POPLAWSKY, MD, Deborah A	Montour

POPOLOW, MD, Michael L	Montgomery
POPORAD, MD, George A	Philadelphia
POPOVICH, MD, John E	Allegheny
POPP, MD, Carol A	Philadelphia
PORKOLAB, MD, Frederick L	Allegheny
PORR, MD, George H	Dauphin
PORRECA, MD, Eugene G	Philadelphia
PORRECA, MD, George A	Philadelphia
PORTER, MD, Edgar L	Chester
PORTER, MD, Lynne E	Allegheny
PORTER, MD, Mary M	Philadelphia
PORTER JR, MD, William F	Lancaster
PORTMAN, MD, Mary A	Allegheny
PORTNER, MD, Jay H	Philadelphia
PORTNOW, MD, Jay M	Bucks
PORTNOY, MD, Larry N	Philadelphia
PORTZ, MATTHEW C	Student
POSATKO, MD, Peter C	Luzerne
POSATKO, MD, Robert J	Philadelphia
POSEY, MD, Dale M	Lancaster
POSNER, DO, Michael H	Adams
POSNEY, MD, Joseph J	Mercer
POSSANZA, MD, Carl J	Lackawanna
POST, MD, Jarvis H	Cambria
POST, MD, Robert M	Lehigh
POTASH, MD, George C	Lebanon
POTE JR, MD, Harry H	Cambria
POTELUNAS, MD, Clement B	Lackawanna
POTERA, MD, Leo P	Luzerne
POTKONSKI, MD, Leopold A	Berks
POTNIS, MD, Asha V	Allegheny
POTORSKI, MD, Robert D J	Luzerne
POTSIC, MD, William P	Philadelphia
POTTASH, MD, Ruben R	Philadelphia
POTTER, MD, Jeffrey N	Dauphin
POTTER, MD, Robert H	Allegheny
POTTER JR, MD, Howard P	Chester
POTTER JR, MD, Robert H	Allegheny
POTTS, MD, Asa W	Chester
POULLIOTT, MD, Jerome W	Elk/Cameron
POULSHOCK, DO, Milton J	Philadelphia
POUTOUS, MD, George W	Allegheny
POUX, MD, Paul T	Crawford
POWELL, MD, James R	Allegheny
POWELL, MD, Mary M	Montgomery
POWELL JR, MD, Oscar M	Allegheny
POWER, DO, Theresa C	Delaware
POWERS, MD, Donald V	Delaware
POWERS, MD, Victor J	Lehigh
POWERS JR, MD, Francis M	Lycoming
POZZA, MD, Nicholas J	Venango
PRABHU, MD, Nalina	Allegheny
PRADHAN, MD, Anil G	Mckean
PRADHAN, MD, Ramesh S	Philadelphia
PRAGER, MD, David	Lehigh
PRAKASH, MD, Murthappa N	Luzerne
PRALL, MD, Robert C	Philadelphia
PRANCKUN, MD, Peter J	Lancaster
PRANCKUN, MD, Peter P	Lancaster
PRASAD, MD, Ajit K	Chester
PRASAD, MD, Mahadevappa M	Butler
PRASAD, MD, Shishir C	Luzerne
PRATER, MD, John M	Luzerne
PRATT, MD, Robert S	Lancaster
PRATT, MD, Russell J	Columbia
PRAWDZIK, MD, Leocadia T	Luzerne
PREATE, MD, Donald L	Lackawanna
PREHATNY, MD, John R	Philadelphia
PREININGER, MD, Edward R	Allegheny
PRELI, MD, Olindo J	Lackawanna
PRENDERGAST, MD, Maurice D	Beaver
PRENDERGAST, MD, Michael J	York
PRENDERGAST, THOMAS W	Student
PRENSKY, MD, Jay G	Dauphin
PRESPER, MD, John H	Luzerne
PRESS, MD Allan J	Allegheny
PRESS, MD, Arthur J	Delaware
PRESS JR, MD, Richard A	Bucks
PRESSEL, MICHAEL D	Student
PRESSMAN, MD, Edmund N	Chester
PRESSMAN, MD, Maurie D	Philadelphia
PRESSMAN, MD, Robert S	Philadelphia
PRESTEL JR, MD, Thomas F	Delaware
PRESTIFILIPPO, MD, Orazio	Northampton
PRESTON, MD, Vernon H	York
PRETTER, MD, Paul D	Allegheny
PREUCEL, MD, Robert W	Philadelphia
PRIBITKIN, MD, Edmund D	Philadelphia
PRICE, MD, Albert C	Lancaster
PRICE, MD, Alfred R	Allegheny
PRICE, MD, Benjamin E	Philadelphia
PRICE, MD, Edwin M	Somerset
PRICE, MD, Joseph J	Delaware
PRICE, MD, Joseph W	Philadelphia
PRICE, MD, Karen A	Bradford
PRICE, MD, Raphael I	Philadelphia
PRICE, MD, Richard E	Cambria
PRICE, MD, Richard T	Bucks
PRICE, MD, Robert K	Lancaster
PRICE JR, MD, Henry L	Philadelphia
PRICE JR, MD, Stuart E	Allegheny
PRICENER, VALERIE M	Allegheny
PRICKETT, MD, John A	Bucks
PRIMIANO, MD, George A	Monroe
PRIN, MD, William	Allegheny
PRIN, MD, William A	Adams
PRINCE, MD, Edward R	Centre
PRINCE, MD, Richard B	Philadelphia
PRINGLE, MD, Jacqueline M	Allegheny
PRINGLE, MD, Robert W	Allegheny
PRIOLETTI, MD, John P	Lawrence
PRIORE, MD, Robert M	Allegheny
PRISTAS, MD, Michael S	Schuylkill
PRITT, MD, Pauline	Montgomery
PRITTS, MD, Rose M	Westmoreland
PRIVITERA, MD, Louis A	Monroe
PRIZANT, MD, Ronald J	Philadelphia
PROBST, MD, Susan J	Berks
PROCACCI, MD, Pasquale M	Philadelphia
PROCOPIO, MD, Frank	Dauphin
PROCTOR, MD, 9ichael S	Lackawanna
PROCTOR, MD, Julian W	Allegheny
PROHASKA, DO, Matthew G	Cumberland
PROKHOV, MD, Vassil K	Allegheny
PROMISLOFF, DO, Robert A	Philadelphia
PROMUBOL, MD, Yuwaree	Westmoreland
PROOTHI, MD, Subhash C	Lehigh
PROPST, MD, Harry D	Wayne/Pike
PROPST-PROCTOR, MD, Sandra L	Wayne/Pike
PROROK, MD, Joseph J	Lehigh
PROSERPI, MD, Sergio V	Berks
PROSSER, MD, John O	Blair
PROSTKO, MD, E Richard	Allegheny
PROUDFIT, MD, J Paul	Washington
PROVENCIO, MD, Florencio	Lebanon
PROWELL, MD, Joseph W	Lancaster
PROY, MD, Bernard C	Erie
PRUCHNIC, MD, William F	Cambria
PRUDENCIO JR, MD, Jose N	Lebanon
PRUITT, MD, John D	Montgomery
PRUSAKOWSKI, DO, Joseph M	Clarion
PRUTZMAN, MD, L Donald	Chester
PRYOR JR, MD, Charles A	Bucks
PRYSTOWSKY, MD, Janet H	Montgomery
PUBLICKER, MD, Mark R	Allegheny
PUCCIO, EDWARD V	Allegheny
PUCEVICH, MD, Maria V	Allegheny
PUEBLITZ, MD, George	Cambria
PUGH, MD, Holly P	Philadelphia
PUGH, MD, James E	Philadelphia
PUGLIESE, MD, August A	Armstrong
PUGLIESE, MD, Joseph F	Luzerne
PUGLIESE, MD, Patrick D	Northmbrland
PUGLISI, MD, Anthony S	Philadelphia
PUGLISI, MD, Vincent	Philadelphia
PUHALLA, MD, Cyril M J	Lackawanna
PUIG-ANTICH, MD, Joaquim	Allegheny
PUJARA, MD, Devi M	Berks
PUJARA, MD, Mahendra M	Schuylkill
PULLEKINCS, JOSEPH W	Allegheny
PULLEN, MD, Harvey T	Monroe
PUMA, MD, Samuel J	Luzerne
PUNDIAK, MD, Terry J	Northampton
PUNZALAN JR, MD, Catalino G	Elk/Cameron
PUPI, MD, Paul A	Beaver
PURDUM III, MD, Preston P	Philadelphia
PURDY, MD, Richard T	Lancaster
PURKAYASTHA, MD, Arindam	Susquehanna
PURNER JR, DO, William M	Delaware
PURPURA, MD, Lawrence J	Allegheny
PURPURA, MD, Thomas R	Allegheny
PURSE, DO, Richard M	Bucks
PURSELL, MD, Robert N	Northampton
PURVIS, ROBERT S	Student
PUSCHAK, MD, Russell B	Lehigh
PUTHAWALA, MD, Anwer H	Montour
PUTMAN, MD, George W	Lawrence
PUTNAM, MD, Richard C	Philadelphia
PUTPRUSH, MD, Joseph R	Luzerne
PYATT JR, MD, Robert S	Franklin
PYLES, MD, Mark C	Columbia
PYTKO, MD, Valentine F	Montour

Q

QUAGLIO, MD, Nannette D	Mercer
QUALLS, MD, Donald M	Philadelphia
QUATTRONE, MD, Charles G	Allegheny
QUERCI, DO, John C	Luzerne
QUEREAU, MD, J Van Dyke	Berks
QUERIMIT, MD, Jorge A	Lycoming
QUESADA, MD, Manuel F	Dauphin
QUEVEDO, MD, Jonathan P	Lehigh
QUICKEL, MD, Kenneth E	Dauphin
QUIETSON-RAVANO, MD, Paraluman R	Allegheny
QUILL, MD, Joseph R	Montgomery
QUILO, MD, Felicidad F	Northampton
QUILO, MD, Lino S	Northampton
QUINEY JR, MD, James J	Northampton
QUINLIN, MD, Robert F	Allegheny
QUINN, DEBRA A	Student
QUINN, MD, Dianne M	Bucks
QUINN, MD, Donn R	Northampton
QUINN, MD, Graham E	Philadelphia
QUINN, MD, John R	Cambria
QUINN, DO, Philip L	Mifflin/Juni
QUINN, ROBERT H	Student
QUINN, MD, Vincent J	Philadelphia
QUINN JR, MD, Norman J	Montgomery
QUINT, MD, Andrew R	Montgomery
QUINT, MD, Donald H	Allegheny
QUIRK, MD, Brian C	Dauphin
QURASHI, MD, Sultana K	Bucks

R

RAAB, MD, Michael F	Northampton
RABIN, MD, Harold S	Dauphin
RABIN, MD, Sidney C	Chester
RABINOVICH, MD, Yakov B	Philadelphia
RABINOWITZ, MD, Howard K	Philadelphia
RABINOWITZ, MD, Jerry P	Allegheny
RABINOWITZ, MD, Linda G	Philadelphia
RABSON, MD, Joseph A	Montgomery
RABSON, MD, Moses	Philadelphia
RACCIATO, MD, Peter J	Monroe
RACE, MD, David F	Erie
RACHO, MD, George J	Luzerne
RACKOW, MD, Lawrence L	Philadelphia
RADBILL, MD, Samuel X	Philadelphia
RADBILL, MD, Sidney G	Philadelphia
RADECKI, MD, Paul D	Philadelphia
RADER, MD, Mark D	Lehigh
RADFAR, MD, Nezam	Allegheny
RADFAR, MD, Rouhangiz H	Allegheny
RADICE, MD, Eugene D	Columbia
RADIO, MD, Gregory J	Lehigh
RADKE, MD, Timothy A	Philadelphia
RADKOWSKY, ALLEN K	Student
RADLER, MD, John K	Beaver
RADSMA, MD, Douwe L	Adams
RAEUCHLE, DO, Randal R	Dauphin
RAFALKO, MD, David M	Beaver
RAFFENSPERGER, MD, Bruce W	Philadelphia
RAFTIS, MD, John T	Luzerne
RAGER, MD, Ronald	Allegheny
RAGGI, MD, Fiora	Philadelphia
RAGHEB, MD, Youssef S	Allegheny
RAGONESI, MD, Susan B	Philadelphia
RAGOOR, MD, Kumar R	Allegheny
RAGOOWANSI, ASHVIN T	Allegheny
RAGOOWANSI, MD, Tulsidas N	Beaver
RAHAM, MD, David C	Dauphin
RAHAUSER, MD, David M	Franklin
RAHMAN, MD, Owen R	Philadelphia
RAHNER, MD, Richard A	Erie
RAI, MD, Balbinder S	Allegheny
RAI, MD, Rajesh	Lehigh
RAICH, MD, William A	Lancaster
RAIFORD, MD, John W	Bucks
RAINES, MD, Herbert S	Philadelphia
RAINES, MD, Jonathan M	Philadelphia
RAINEY, MD, Edward C	Blair
RAISCH, MD, Frederick J	Mercer
RAIZMAN, MD, Richard E	Allegheny
RAJ, MD, Dhan	Warren
RAJ, MD, Stephen S	Erie
RAJA, MD, Rasib M	Philadelphia
RAJAN, MD, Sanda	Chester
RAJASENAN, MD, Vasudevan	Lawrence
RAJJOUB, MD, Rodwan K	Lycoming
RAJU, MD, Rudrarju P	Blair
RAKLEWICZ, MD, Michael C	Luzerne
RAKOV, MD, Robert	Allegheny
RAKOWSKY, ALEXANDER T	Student
RALPH, MD, Nathan	Philadelphia
RALSTON, MD, Edgar L	Philadelphia
RALSTON, MD, Emerald M	Erie
RALSTON, MD, James C	Fayette
RAM, MD, Sant	Erie
RAMAGE, MD, Ann L	York
RAMAKRISHNA, MD, Nagamalli	Allegheny
RAMAKRISHNA, MD, Srinivasarao	Lackawanna
RAMAN, MD, Asha	Allegheny
RAMAN, MD, Gita S	Bradford
RAMAN, MD, Jayalaxmi	Philadelphia
RAMANATHAN, MD, Ganapathy S V	Butler
RAMASASTRY, MD, Sai S	Allegheny
RAMBACH, MD, Leonard	Lancaster
RAMESH, MD, Makum L	Allegheny
RAMIK, MD, Otto E	Allegheny
RAMINANI, MD, Lokadri N	Montgomery
RAMIREZ, MD, Constancio	Franklin
RAMIREZ, MD, Renato P	Crawford
RAMOS-TARAMPI, MD, Lourdeline G	Philadelphia
RAMPRASAD, MD, Krishnamurti	Delaware
RAMS, MD, James J	Allegheny
RAMSEY II, MD, William H	Montgomery
RAMSEY JR, MD, Harry E	Berks
RANA, MD, Nilesh C	Philadelphia
RANCIER, MD, Lee F	Lackawanna
RANCK, MD, Sidney G	Bradford
RANDALL, MD, J Perlingiero	Montgomery
RANDALL, MD, Peter	Philadelphia
RANDALL, MD, Rodney R	Allegheny
RANDALL IV, MD, Alexander	Montgomery
RANIERI, MD, Tito A	Philadelphia
RANII, MD, Carmello A	Allegheny
RANKIN, MD, James S	Allegheny
RANKIN, MD, Kevin P	Centre
RANKIN, MD, Larry S	Cumberland
RANKIN, MD, Paul H	Mercer
RANKIN, MD, Robert C	Allegheny
RANKIN, MD, Samuel G	Allegheny
RANNELS, MD, Herman W	Lycoming
RAO, MD, B Venkat	Allegheny
RAO, MD, Brinda E	Chester
RAO, MD, Lakshman	Mifflin/Juni
RAO, MD, Leela K	Allegheny
RAO, MD, Madhava S	Lackawanna
RAO, MD, Nalini G	Allegheny
RAO, PETER A	Student
RAO, MD, Ramdev K	Allegheny
RAO, MD, T Gopal	Allegheny
RAO, MD, Usha G	York
RAPHAEL, MD, Paul S	Lehigh
RAPHAELY, MD, Russell C	Philadelphia
RAPP, JEFFREY S	Student
RAPPAPORT, MD, Melvin M	Lehigh
RAPS, MD, Eric C	Philadelphia
RASANSKY, MD, Harry N	Philadelphia
RASCOE JR, MD, Robert R	Philadelphia
RASHID, MD, Abdul	Schuylkill
RASHID, MD, Ayesha	Allegheny
RASHID, MD, Shaik A	Westmoreland
RASHKIS, MD, Harold A	Philadelphia
RASHKIS, MD, Shirley R	Philadelphia
RASLER, MD, Frank E	Blair
RASO, MD, Dominic J	Northampton
RATHGEB, MD, John M	Westmoreland
RATKE, MD, Henry V	Lycoming
RATNER, MD, Jeffrey A	Centre
RATNER, MD, Richard R	Delaware
RAU, MD, Ramnath S	Mercer
RAU, MD, Raymond L	Allegheny
RAUB, MD, James A	Allegheny
RAUB, MD, Jeffrey D	Venango
RAUBENSTINE, DEBORAH A	Student
RAUCH, MD, Douglas	Mercer
RAUER, MD, Lester	Philadelphia
RAVANO, MD, Jose F	Allegheny
RAVEL, MD, Robert L	Montgomery
RAVES, MD, John J	Allegheny
RAVETZ, DO, Robert S	Philadelphia
RAVITCH, MD, Mark M	Allegheny
RAVITZ, MD, Gerald A	Schuylkill
RAWNSLEY, MD, Herbert H	Washington
RAWSON, MD, Helen H	Montgomery
RAY, MD, Richard L	Allegheny
RAY, MD, Tarun K	Philadelphia
RAYMOND, MD, Joseph W	Cambria
RAYMOND, MD, Paul A	Cambria
RAYMOND JR, MD, Fred D	Montgomery
RAYMUNDO, MD, Rosalinda R	Lawrence
RAYMUNDO III, MD, Ricardo B	Lawrence
RAYNAK, MD, Frank R	Mercer
RAYNER, MD, Mark E	Philadelphia
RAYNES, MD, Stanton M	Bucks
RAZA, MD, Hyder S	Carbon
RAZURI, MD, Rafael G	Northampton
REAGAN, MD, Marie A	Allegheny
REAL, MD, Adelina	Philadelphia
REAL, MD, Mark B	Chester
REAMER, MD, Donald M	Venango
REAMS, MD, Carl L	Montour
REARDON, MD, Paul L	Washington
REBER, MD, Howard F	Berks
RECALDE, MD, Carlos M	Mifflin/Juni
RECH, MD, Frank M	Delaware
RECH, MD, Susan A	Philadelphia
RECIK, MD, Halit	Philadelphia
RECIO, MD, Rolando G	Allegheny
RECTOR, MD, Robert D	Franklin
RED, MD, Donald E	Delaware
REDA, MD, Frank A	Allegheny
REDDING, MD, Willis A	Bradford
REDDY, MD, Jaiveer T	Clarion
REDDY, MD, Patricia A	Dauphin
REDDY, MD, Rajidi M	Lycoming
REDDY, RAMAKOTA K	Student
REDDY, MD, Subash C	Philadelphia
REDDY, MD, V Saraswathi	Bradford
REDENBAUGH, MD, James E	Lehigh
REDKA, MD, James W	Lycoming
REECE, MD, William W	Philadelphia
REED, MD, Clifford A	Berks
REED, MD, Darrell K	Allegheny
REED, MD, David E	Allegheny
REED, MD, David M	Allegheny
REED, MD, David T	Montgomery
REED, MD, Elmer M	Centre
REED, MD, Janis E	Allegheny
REED, MD, Lola S	Chester
REED, MD, Mark S	Berks
REED, MD, Michael F	Clearfield
REED, MD, W Glenn	Allegheny
REEFER, MD, John C	Butler
REEKIE, MD, Timothy G	Philadelphia
REEL, CHARLES C	Allegheny
REEL, MD, Charles M	Westmoreland
REES, MD, David B	Berks
REESE, MD, Fred W	Columbia
REESE, MD, Richard W	Lancaster
REESE, MD, Walter D	Philadelphia
REESE JR, MD, Evan C	Northampton
REFOWICH, MD, Richard S	Northampton
REGALADO, MD, Regulus D	Union
REGAN, MD, James R	Northampton
REGANIS, MD, John C	Northampton
REGEC, MD, Stephen P	Elk/Cameron
REGINELLA, RUTHANE F	Student
REH, MD, Richard C	Cumberland
REHDER, MD, Karen E	Allegheny
REHEIS, MD, John P	Philadelphia
REICH, MD, Sylvia R	Luzerne
REICH, MD, Thomas S	Venango
REICH, MD, William P	Tioga
REICHARD, MD, James L	Centre
REICHARD, MD, Richard C	Berks
REICHLE, MD, Frederick A	Philadelphia
REID, MD, Daniel W	Delaware
REIDELL, MD, John S	Centre
REIDENBERG, MD, Leon	Berks
REIFSNYDER, MD, William H	Berks
REIGART, MD, Paul M	York

REIGEL, MD, Donald H	Allegheny
REIGH, MD, Ernest E	Berks
REILLY, MD, Ann E	Chester
REILLY, MD, Charles M	York
REILLY, MD, Desmond J	Dauphin
REILLY, MD, James J	Allegheny
REILLY, MD, James J	Allegheny
REILLY, MD, John C	Erie
REILLY, MD, Michael J	Fayette
REILLY, MD, Paul A	Allegheny
REILLY JR, MD, James J	Allegheny
REILLY JR, MD, Philip J	Westmoreland
REIMER, MD, Craig L	Schuylkill
REINA, MD, Charles R	Northampton
REINBOLD, MD, Raymond L	Montgomery
REINECKE, MD, Robert D	Philadelphia
REINHARD, MD, Ronald J	York
REINHARDT, MD, Pauline K	Lehigh
REINHART, MD, John W	Lehigh
REINHART JR, MD, Raymond B	Bucks
REINMUTH, MD, Oscar M	Allegheny
REINSEL, MD, Richard C	Berks
REIS, MD, Claude J	Allegheny
REIS, MD, Paul B	Lycoming
REIS, MD, Walter J	Allegheny
REISCH, MD, Joanne C	Philadelphia
REISH, MD, William G	Union
REISINGER, MD, Keith S	Allegheny
REISINGER JR, MD, William E	Washington
REISMAN, MD, Edward D	Allegheny
REISS JR, MD, G Russell	Montgomery
REITANO JR, MD, Joseph F	Delaware
REITER, MD, David	Philadelphia
REITSMA, MD, Douglas B	Delaware
REITZ, MD, Maryellen	Erie
REITZ, MD, Melvin L	Schuylkill
RELIGIOSO, MD, Eloisa P	Westmoreland
RELIGIOSO, MD, Erson L	Westmoreland
RELUZ, MD, Javier S	Montgomery
REMALY, MD, Donald A	Columbia
REMICK, DO, Paul F	Lackawanna
REMSBURG, STACIA T	Student
RENDIN, MD, Larry J	Delaware
RENDON, MD, Roberto	Bucks
RENEBERG, KLAUS O	Student
RENINGER, MD, Charles W	Lehigh
RENKERT, MD, Elizabeth E	Berks
RENNERT, NANCY J	Allegheny
RENNINGER EXEC SEC, MRS RHONDA	York
RENO, MD, Joseph D	Delaware
RENSIMER, MD, Wayne T	Bradford
RENTON, MD, Alan C	Allegheny
RENTSCHLER, MD, Henry D	Bradford
RENZ, JOHN F	Student
RENZ, MD, Robert T	Erie
RENZI, MD, Anthony M	Philadelphia
REPICE, MD, Ronald M	Delaware
REPPERT, MD, William D	Northampton
RESHMI, MD, Chandrappa S	Allegheny
RESNICK, MD, Albert B	Philadelphia
RESNICK, MD, Edward J	Philadelphia
RESNICK, MD, George J	Philadelphia
RESNICK, MD, Myron E	Delaware
RESNICK, MD, Paul H	Allegheny
RESNIK, MD, Alan M	Philadelphia
RESPET, MD, Patrick B	Lehigh
RESTAK, MD, Lewis J	Adams
RESTREPO, MD, James P	Philadelphia
RESURRECCION, MD, Rosario	Philadelphia
RESWICK, MD, Murray	Allegheny
RETTIG, MD, Stephen J	Franklin
REUBEN, MD, Mark S	Berks
REVAK, MD, Blairanne H	Columbia
REVAK, MD, Conrad S	Allegheny
REVAK, DO, David J	Columbia
REX, MD, Eugene B	Montgomery
REX, MD, James C	Lehigh
REXRODE, MD, William O	York
REYES, MD, Alfredo M	Cambria
REYES, MD, John W	Greene
REYES, MD, Saturnino M	Beaver
REYES, MD, Vicente E	Allegheny
REYNA, MD, Oscar D	Westmoreland
REYNOLDS, JOHN W	Student
REYNOLDS, MD, Terence J	Venango
REZEK, MD, Donald L	Allegheny
REZNAK, MD, Stephen E	Philadelphia
REZNICK, MD, Barry R	Beaver
RHEE, MD, Ky Y	Fayette
RHIEW, MD, Francis C	Lackawanna
RHOADES, DO, Dennis W	Jefferson
RHOADS, MD, Donald V	Philadelphia
RHOADS, MD, Harry M	Cambria
RHOADS, MD, Jonathan E	Philadelphia
RHOADS JR, MD, Jonathan E	York
RHODE, MD, Marvin C	Montgomery
RHODES, MD, Michael	Lehigh
RHODES III, MD, Luther V	Lehigh
RHOOD, MD, Samuel G	Delaware
RIAL, MD, William Y	Delaware
RICCHETTI, MD, Robert J	Philadelphia
RICCHIUTI, MD, A George	Schuylkill
RICCHIUTI, MD, Joseph F	Schuylkill
RICCI, MD, Joseph A	Dauphin
RICCIUTTI, MD, Vincent	Mercer
RICE, MD, Donald H	Blair
RICE, MD, Eileen M	Allegheny
RICE, MD, Samuel A	Lancaster
RICE, MD, Samuel M	Allegheny
RICE III, MD, John E	Montour
RICH, MD, Dean C	Montgomery
RICH, MD, James F	Dauphin
RICHARDS, DAVID S	Allegheny
RICHARDS, MD, Frederick H	Bradford
RICHARDS, MD, John C	Bucks
RICHARDS, MD, Robert N	Franklin
RICHARDS JR, MD, Robert N	Franklin
RICHARDSON, MD, Claude E	Delaware
RICHARDSON, MD, David W	Philadelphia
RICHARDSON, MD, George A	Philadelphia
RICHARDSON, MD, George S	Allegheny
RICHARDSON, MD, Harrison H	Beaver
RICHARDSON, MD, James E	Washington
RICHARDSON, MD, Paul A	Philadelphia
RICHARDSON, MD, Roosevelt	Allegheny
RICHARDSON, MD, Ross E	Washington
RICHEY, MD, James E	Cambria
RICHIE, MD, A Thomas	Bucks
RICHMAN, MD, Kenneth A	Philadelphia
RICHMOND, MD, Allen C	Philadelphia
RICHMOND, MD, Spencer I	Montgomery
RICHTER, MD, Howard A	Delaware
RICHTER, DO, Lauren B	Erie
RICHTER, MD, Paul L	Allegheny
RICHTER, MD, Tor	Allegheny
RICKELS, MD, Karl	Philadelphia
RICKETTS, MD, J Edward	Allegheny
RICKLOFF, MD, Raymond J	Erie
RIDELLA, MD, Peter J	Cambria
RIDEN, MD, Alice E	Lancaster
RIDGWAY, MD, William G	Lancaster
RIDOUT III, MD, Daniel L	Philadelphia
RIEGEL, MD, George E	Allegheny
RIEMER, MD, Barry L	Allegheny
RIEMER, MD, Joseph T	Montgomery
RIENZO, MD, Robert J	Lehigh
RIETHER, MD, Robert D	Lehigh
RIETHMILLER, MD, Grace L	Allegheny
RIFE, MD, Charles J	Dauphin
RIFFERT, MD, Paul M	Lancaster
RIFKIN, MD, Matthew D	Philadelphia
RIGANO JR, MD, Rudolph F	Lancaster
RIGG, MD, L Isobel	Philadelphia
RIGGLEMAN, MD, Michael P	Dauphin
RIGHTMYER, MD, John N	Berks
RIGHTOR, MD, John T	Venango
RIGHTS, MD, Theodore H	Berks
RIGNEY JR, MD, James H	Bucks
RIKE, MD, Paul M	Allegheny
RILEY, MD, Bernard J	Allegheny
RILEY, MD, Judith A	Dauphin
RILEY, MD, Veryl M	Warren
RILLING, MD, David C	Bucks
RIM, MD, Jeung K	Lebanon
RIMPLE, MD, David F	Luzerne
RINARD, MD, Graffious L	Bedford
RINCK II, MD, George W	Union
RINEHIMER JR, MD, John S	Wyoming
RING, MD, Ilona R	Delaware
RING, MD, Stephen I	Delaware
RINGAWA, MD, Peter E	Columbia
RINGIEWICZ, MD, Paul A	Delaware
RINGOLD, MD, Murray H	Bucks
RINKER, MD, R James	York
RINKOFF, MD, Jeffrey S	Allegheny
RINT, MD, Elnora C	Erie
RIOFSKI, MD, Anthony F	Luzerne
RIPEPI, MD, Anthony C	Allegheny
RIPEPI, MD, Philip P	Allegheny
RIPPLE, MD, Paul H	Lancaster
RISHI, MD, Usha S	Allegheny
RISING, MD, David C	Bucks
RISINGER, ROBERT C	Allegheny
RISMILLER, MD, Ross W	Schuylkill
RITCHIE, MD, Charles A	Delaware
RITCHIE, MD, David J	Philadelphia
RITCHIE, MD, Marianne T	Philadelphia
RITCHIE, MD, William G	Philadelphia
RITCHIE III, MD, John C	Philadelphia
RITCHIE JR, MD, Wallace P	Philadelphia
RITTENHOUSE, MD, Emory A	Allegheny
RITTENHOUSE, MD, Frank H	Allegheny
RITTENHOUSE, MD, George H	Allegheny
RITTER, MD, Deborah E	Philadelphia
RITTER, MD, Mario	Cambria
RITTER, MD, Thomas J	Schuylkill
RIVAS-FLORES JR, MD, Aureliano	Montgomery
RIVERA, MD, Edwin A	York
RIVERA, JOSE M	Student
RIVERA, MD, Victor C	Bucks
RIVERA-RODRIGUEZ, MD, Gabriel	Allegheny
RIXEY, MD, Charles O	Montour
RIZK, MD, Wafa I	Washington
RIZZARDI, MD, Roger N	Luzerne
RIZZO, MD, John S	Delaware
RIZZO, MD, Karen A	Philadelphia
RIZZO, MD, Samuel V	Luzerne
ROACHE, MD, Martin J	Chester
ROBB, MD, Marie E	Northampton
ROBBINS, MD, Howard S	Lancaster
ROBBINS, MD, Mark S	Philadelphia
ROBBINS, MD, Robert	Philadelphia
ROBBINS, MD, Warren J	Lancaster
ROBBINS, MD, William S	Philadelphia
ROBERTS, MD, Andrew B	Philadelphia
ROBERTS, MD, Brooke	Philadelphia
ROBERTS, MD, Haskell E	Lancaster
ROBERTS, MD, Joan M	Philadelphia
ROBERTS, MD, John H	Chester
ROBERTS, MD, John M	Philadelphia
ROBERTS, MD, Linda P	Allegheny
ROBERTS, MD, Richmond C	Chester
ROBERTS, MD, Thomas R	Allegheny
ROBERTS, MD, William D	Lancaster
ROBERTS JR, MD, Philip G	Centre
ROBERTSON, MD, John J	Berks
ROBERTSON, MD, John L	Warren
ROBERTSON, MD, John W	Philadelphia
ROBERTSON, MARILYN A	Student
ROBERTSON JR, MD, William W	Philadelphia
ROBIN, DO, F Philip	Philadelphia
ROBINS, MD, Donald E	Allegheny
ROBINS, MD, Hugh B	Allegheny
ROBINS, MD, Isadore M	Luzerne
ROBINSON, MD, Claire E	Philadelphia
ROBINSON, MD, Frederick A	Philadelphia
ROBINSON, MD, Gary	Berks
ROBINSON, MD, Jay A	Blair
ROBINSON, MD, John N	Allegheny
ROBINSON, MD, Joseph	Luzerne
ROBINSON, MD, Leslie E	York
ROBINSON, MD, Leslie S	Philadelphia
ROBINSON, MD, Michael L	Berks
ROBINSON, MD, Nathaniel M	Philadelphia
ROBINSON, MD, Richard F	York
ROBINSON, MD, Richard W	Schuylkill
ROBINSON JR, MD, Elliott S	Bradford
ROBINSON JR, MD, James J	Philadelphia
ROBISON, MD, Robert N	Dauphin
ROBISON, MD, Walter J	Allegheny
ROCCARIO, DO, Dante S	Delaware
ROCCO, MD, Martin J	Philadelphia
ROCCO, MD, Nicholas J	Philadelphia
ROCHE, MD, Charles A	Allegheny
ROCHE, MD, Karen R	Allegheny
ROCHE, MD, Robert J	Erie
ROCHE JR, MD, Edward J	Mckean
ROCHMAN, MD, Alan J	Dauphin
ROCK, MD, Elizabeth D	Chester
ROCK, MD, James A	Cambria
ROCK, MD, Leonard L	Somerset
ROCKOWER, MD, Roger A	Centre
RODA, DO, David M	Lancaster
RODA, MD, Paul I	Luzerne
RODENBERGER, MD, Bruce M	Lehigh
RODGERS, MD, Allan F	Philadelphia
RODGERS, MD, Charles J	Lycoming
RODGERS, MD, David M	Philadelphia
RODGERS, MD, Edson R	Beaver
RODGERS, MD, Florence E	Philadelphia
RODGERS, MD, Joseph F	Philadelphia
RODGERS, MARGARET L	Student
RODGERS, MD, Thomas P	Clinton
RODGERS III, MD, William H	Montgomery
RODMAN, MD, Mitchell S	Philadelphia
RODMAN, MD, Theodore	Philadelphia
RODRIGO, MD, Concepcion V	Luzerne
RODRIGUEZ, MD, Adolfo E	Berks
RODRIGUEZ, MD, Dolores E	Montour
RODRIGUEZ, MD, Edsel A	Northmbrland
RODRIGUEZ, MD, Julio A	Blair
RODRIGUEZ, LUIS J	Student
RODRIGUEZ, MD, Rodolfo E	Dauphin
RODRIGUEZ, MD, Victor R	Northampton
RODZVILLA JR, MD, John P	Delaware
ROE, MD, Eugene J	Lackawanna
ROE, MD, Hans S	Cumberland
ROE, MD, Robert E	Luzerne
ROEDDER, MD, Susan L	Philadelphia
ROEDER, MD, Donald K	Cumberland
ROEDER, MD, Kathleen M	Bucks
ROEDIGER, MD, Paul M	Montgomery
ROFMAN, MD, Barry A	Montgomery
ROGAL, MD, Michael J	Allegheny
ROGALLA, MD, Charles S	Lackawanna
ROGERS, MD, Albert K	Lancaster
ROGERS, MD, Brenda D	Philadelphia
ROGERS, MD, George E	Cambria
ROGERS, MD, Hugh J	Centre
ROGERS, MD, James F	Philadelphia
ROGERS, MD, John F	Northampton
ROGERS, MD, Jonathan J	Montgomery
ROGERS, MD, Kenneth D	Allegheny
ROGERS, MD, Kenneth J	Centre
ROGERS, MD, Pamela Y	Beaver
ROGERS, MD, Paul H	Chester
ROGERS, MD, R Claude	Philadelphia
ROGERS, MD, Vincent P	Erie
ROGERS JR, MD, Robert M	Armstrong
ROGERSON, MD, David R	Cambria
ROGEVICH, DO, Joseph E	Lancaster
ROGOW, MD, Edward	Allegheny
ROGOWSKI, MD, Raymond A	Chester
ROHATGI, MD, Anita	Northampton
ROHATGI, MD, Rajeev	Northampton
ROHLAND, MD, Donald V	Dauphin
ROHNER JR, MD, Thomas J	Dauphin
ROHRABAUGH JR, MD, Charles M	Dauphin
ROHRBECK, MD, Charles W	Centre
ROHRER, MD, G Victor	Dauphin
ROITMAN, MD, Harry B	Philadelphia
ROJAS, MD, Julio R	Luzerne
ROJER, MD, Charles L	Montgomery
ROKE, MD, Albert D	Berks
ROLAND, MD, Frederick H	Lehigh
ROLLO, MD, Daniel P	Lebanon
ROLLO, VINCENT J	Student
ROMAN, MD, Laurian	Philadelphia
ROMAN, MD, Stephen J	Westmoreland
ROMANCZUK, MD, Bruce J	Philadelphia
ROMANO, JANET E	Student
ROMANO, MD, Joseph M	Allegheny
ROMANO, MD, Vincent E	Bucks
ROMANO JR, MD, Nicholas M	Northampton
ROMANOW, MD, Peter W	Philadelphia
ROMANZO, MD, George M	Montgomery
ROMBEAU, MD, John L	Philadelphia
ROMBERGER JR, MD, James A	Allegheny
ROMEIKA, MD, Mary M	Schuylkill
ROMEO, MD, Victoria J	Clinton
ROMIG, MD, Ronald S	Berks
ROMINGER, MD, C Jules	Chester
ROMISHER, MD, Marc K	Chester
ROMM, MD, Daniel S	Dauphin
ROMMEL, MD, Catherine T	Lancaster
ROMMEL, MD, F Michael	Lancaster
ROMMEL, MD, Frank L	Allegheny
ROMY, MD, Maurice I	Philadelphia
RONCO, DO, Domenick N	Union
RONGAUS, MD, William J	Washington
RONIS, MD, Bernard J	Philadelphia
RONIS, MD, Max L	Philadelphia
RONNERMANN, MD, Drew P	Montgomery
ROODE, MD, Albert G	Venango
ROODE, MD, Philip J	Venango
ROOKLIN, MD, Anthony R	Delaware
ROONEY, MD, Edward F	Allegheny
ROONEY, MD, Joseph W	Beaver
ROOS, MD, Alfred T	Erie
ROOS, MD, Leon	Adams
ROPPOLO, MD, Helen M	Allegheny
ROQUIZ, MD, Eliseo M	Erie
RORICK, MD, Nicholas R	Montgomery
RORKE III, MD, John H	Chester
ROS, MD, Emil J	Allegheny
ROS, MD, Nydia C	Allegheny
ROSALES, MD, Gabriel B	Bucks
ROSAN, DO, Jay R	Montgomery
ROSAN, DO, Stuart W	Bucks
ROSATO, MD, Donald J	Chester
ROSATO, MD, Ernest F	Philadelphia
ROSATO, MD, Francis E	Philadelphia
ROSCH, MD, Julius C	Blair
ROSCHEL, MD, Robert L	Lancaster
ROSCKOWFF, MD, Carol M	Luzerne
ROSCOE, MD, Constantine	Philadelphia
ROSCOE, MD, Francis W	Lackawanna
ROSCOE, MD, Gregory J	Jefferson
ROSE, MD, Carol E	Allegheny
ROSE, MD, David	Montgomery
ROSE, MD, Elizabeth K	Philadelphia
ROSE, MD, Frederick B	Bradford
ROSE, MD, Henry S	Philadelphia
ROSE, MD, Isadore	Philadelphia
ROSE, MD, John F	Montour
ROSE, MD, Leslie I	Philadelphia
ROSE, MD, Lewis J	Philadelphia
ROSE, MD, Robert M	Montgomery
ROSEMAN, MD, Richard L	Delaware
ROSEMOND, MD, George P	Philadelphia
ROSEN, MD, Bruce J	Delaware
ROSEN, MD, Daniel H	Venango
ROSEN, MD, David	Philadelphia
ROSEN, MD, Harvey M	Philadelphia
ROSEN, MD, Jacob C	Philadelphia
ROSEN, MD, James A	Westmoreland
ROSEN, MD, John N	Bucks
ROSEN, MD, Joseph H	Philadelphia
ROSEN, MD, Leonard	Delaware
ROSEN, MD, Lester	Lehigh
ROSEN, MD, Marc R	Philadelphia
ROSEN, MD, Marvin I	Philadelphia
ROSEN, MD, Rhoda	Philadelphia
ROSENBACH, MD, Loren M	Allegheny
ROSENBAUM, MD, Aron	Cambria
ROSENBAUM, DO, Jerry S	Philadelphia
ROSENBAUM JR, MD, Leon	Philadelphia
ROSENBERG, MD, Carol A	Erie
ROSENBERG, MD, Frank	Delaware
ROSENBERG, MD, Henry	Philadelphia
ROSENBERG, MD, Howard D	Lehigh
ROSENBERG, MD, Irving	Philadelphia
ROSENBERG, MD, Kenneth C	Philadelphia
ROSENBERG, MD, Lawrence S	Cambria
ROSENBERG, MD, Manuel	Philadelphia
ROSENBERG, MD, Mark M	Montgomery
ROSENBERG, MD, Morton	Philadelphia
ROSENBERG, MD, Paul E	Philadelphia
ROSENBERG, MD, Paul R	Allegheny
ROSENBERG, MD, Philip	Montgomery
ROSENBERG, MD, Philip	Philadelphia
ROSENBERG, MD, Randy M	Philadelphia
ROSENBERG, MD, Robin E	Philadelphia
ROSENBLATT, MD, Michael	Philadelphia
ROSENBLATT, MD, Stanley A	Lackawanna
ROSENBLATT, MD, Stanley G	Cambria
ROSENBLOOM, MD, Meyer A	Allegheny
ROSENBLOOM, MD, Richard C	Allegheny
ROSENBLOOM, MD, Stanley E	Allegheny
ROSENBLUM, MD, Frances L	Montgomery
ROSENBLUM, MD, Mindy F	Philadelphia
ROSENBLUM, MD, Norman G	Philadelphia
ROSENBURG, MD, Sidney A	Allegheny
ROSENCRANS, MD, David L	Allegheny
ROSENDALE, BRIAN E	Student

ROSENFELD, MD, Bernard D	Lackawanna
ROSENFELD, MD, Howard	Montgomery
ROSENFELD, MD, Jack C	Montgomery
ROSENFELD, MD, Joel C	Philadelphia
ROSENFELD, MD, Karl	Chester
ROSENFELD, MD, Philip A	Montgomery
ROSENFELD, MD, Richard N	Montgomery
ROSENFELD, MD, Ronald N	Delaware
ROSENMAN, MD, Howard D	Bucks
ROSENOW JR, MD, Edward C	Philadelphia
ROSENSWEIG, MD, William	Luzerne
ROSENTHAL, MD, David E	Philadelphia
ROSENTHAL, MD, Richard H	Allegheny
ROSENTHAL, MD, Stephen I	Lackawanna
ROSENWASSER, MD, Robert H	Philadelphia
ROSENZWEIG, MD, Max	Philadelphia
ROSETT, MD, Jeffrey S	Philadelphia
ROSIECKI, MD, Michael W	Lackawanna
ROSINI, MD, Rita M	Allegheny
ROSKA, MD, Jose C	Columbia
ROSKO, MD, Thomas J	Bucks
ROSNER, MD, Isador K	Philadelphia
ROSNER, MD, Michael J	Montgomery
ROSS, MD, Abraham	Lehigh
ROSS, MD, Daniel I	Lehigh
ROSS, MD, John J	Philadelphia
ROSS, MD, Patricia E	Chester
ROSS, MD, R Douglas	Philadelphia
ROSS, MD, Vincent L	Lackawanna
ROSS III, MD, Arthur J	Philadelphia
ROSSI, MD, John A	Dauphin
ROSSI, MD, John C	Allegheny
ROSSI, MD, Patricia V	Luzerne
ROSSI JR, MD, Ralph A	Chester
ROSSIN, MD, Richard A	Delaware
ROSSMAN, MD, Bernard S	Philadelphia
ROSSMAN, MD, Max	Lehigh
ROST, MD, Charles R	Lancaster
ROSTAIN, MD, Anthony L	Philadelphia
ROSTOCK, MD, Robert A	Luzerne
ROTENBERG, MD, Larry A	Berks
ROTH, MD, James L	Philadelphia
ROTH, MD, Jerry M	Bucks
ROTH, DO, Raymond D	Montour
ROTH, MD, Russell B	Erie
ROTH, SUSAN E	Student
ROTH JR, MD, George R	Dauphin
ROTHACKER JR, MD, Gerald W	Lancaster
ROTHENBERGER, MD, Marvin K	Lehigh
ROTHERMEL, MD, Franklin J	Montour
ROTHERMEL II, DO, Robert E	Columbia
ROTHFUS, MD, William E	Allegheny
ROTHKOPF, MD, Brad M	Philadelphia
ROTHKOPF, MD, Henry	Philadelphia
ROTHMAN, MD, David L	Allegheny
ROTHMAN, MD, David L	Mercer
ROTHMAN, MD, Keith S	Bucks
ROTHMAN, MD, Maurice M	Philadelphia
ROTHMAN, MD, Richard H	Philadelphia
ROTHROCK, MD, Gilmore M	York
ROTHSCHILD, MD, Jeffrey M	Allegheny
ROTHSCHILD, MD, John A	Luzerne
ROTHSTEIN, MD, Edward P	Bucks
ROTHSTEIN, MD, N Zel	Chester
ROTKO, MD, Bernard B	Philadelphia
ROTONDO, MD, Michael F	Philadelphia
ROTOR, MD, Marilyn L	Lancaster
ROTTENBERG, DO, Louis	Philadelphia
ROTTSCHAEFER, MD, Bernard L	Westmoreland
ROUMM, MD, Alan D	Dauphin
ROUSE, MD, Paul V	Philadelphia
ROUSE, MD, Steven B	Bradford
ROUSSEL, MD, Paula L	Dauphin
ROVINSKI, MD, Helen T	Lebanon
ROVNER, MD, Harold	Philadelphia
ROVNER, MARC S	Student
ROVNO, MD, Herbert	Philadelphia
ROWAN, MD, Noel M	Berks
ROWAN, MD, Paul J	Lancaster
ROWAN, MD, Sandra K	Berks
ROWAND, MD, Randall W	York
ROWE, MD, Lee D	Philadelphia
ROWE, MD, Marc I	Allegheny
ROWGHANI, MD, Mohammad I	Chester
ROWLAND, MD, George A	Columbia
ROWLAND, MD, Harold A	Montgomery
ROWLAND, MD, N Dean	Lancaster
ROWLAND, PAUL L	Allegheny
ROWLEY, MD, Lawrence J	Dauphin
ROWLEY, MD, Richard S	Chester
ROWMAN, MD, Leo	Philadelphia
ROWSON, MD, Harold T	Delaware
ROXBY, MD, Bruce S	Philadelphia
BOY, MD, Robert H	Philadelphia
ROYAL, MD, David R	Cumberland
ROYER, MD, Thomas C	Montour
ROYFE, MD, Michael A	Allegheny
ROZANSKI, MD, Stanley J	Berks
ROZICK, MD, Mark S	Fayette
ROZWADOWSKI, MD, Jack V	Erie
ROZWAT, MD, Maurice S	Chester
RUBEN, MD, Jerold R	Washington
RUBEN, MD, Malcolm E	Washington
RUBENFIELD, MD, Arnold D	Allegheny
RUBENSTEIN, MD, Morton J	Dauphin
RUBIN, MD, Alan	Philadelphia
RUBIN, MD, Andrew M	Philadelphia
RUBIN, DO, Carl S	Philadelphia
RUBIN, MD, Deborah A	Philadelphia
RUBIN, MD, Emanuel	Philadelphia
RUBIN, MD, Harvey M	Allegheny
RUBIN, MD, I Edward	Philadelphia
RUBIN, MD, Jeffry F	Montgomery
RUBIN, MD, Jonathan D	Philadelphia
RUBIN, MD, Lore R	Allegheny
RUBIN, MD, Marc R	Philadelphia
RUBIN, MD, Morton L	Dauphin
RUBIN, MD, Myron M	Lancaster
RUBIN, MD, Nathan W	Montgomery
RUBIN, MD, Peter E	Montgomery
RUBIN, MD, Raphael	Philadelphia
RUBIN, MD, Robert F	Delaware
RUBIN, MD, S Bruce	Philadelphia
RUBINO, MD, Mark A	Allegheny
RUBINSTEIN, ADAM J	Allegheny
RUBIO, MD, Emir W	Delaware
RUBRIGHT, MD, George L	Berks
RUBRIGHT, MD, Herbert C	Schuylkill
RUBRIGHT JR, MD, Herbert C	Schuylkill
RUCH, MD, Carl R	Northampton
RUDDEN, MD, Ann	Bucks
RUDICH, MD, Lynn K	Dauphin
RUDIN, MD, Jennifer E	Allegheny
RUDKIN, MD, Victor M	Allegheny
RUDLEY, MD, Lloyd D	Philadelphia
RUDNICK, MD, Herman D	Philadelphia
RUDNICK, MD, Michael R	Philadelphia
RUDNITZKY, MD, Jerome	Delaware
RUDOLPH, MD, Joseph	Philadelphia
RUDOLPH, MD, Joseph P	Allegheny
RUDOLPH, MD, Kenneth H	Lackawanna
RUDOLPH, MD, Richard L	Chester
RUDOLPH, MD, Robert I	Berks
RUDOLPH JR, MD, Samuel F	Montgomery
RUDUSKY, MD, Basil M	Luzerne
RUDY, MD, David R	Westmoreland
RUEBEL, MD, Armin A	Bucks
RUEBEL, MD, Catherine D	Bucks
RUEGER, MD, Raimund G	Allegheny
RUEHL, MD, William W	Washington
RUETSCHI, MD, Maja S	Union
RUFE, MD, Redding H	Bucks
RUFF, MD, Curtis C	Butler
RUFFLE, MD, Joan M	Dauphin
RUGART, MD, Karl F	Philadelphia
RUGEL, MD, Stanley J	Philadelphia
RUGGIERO, DO, Dominic	Lackawanna
RUGGIERO, MD, Nicholas J	Luzerne
RUGGIERO, MD, Robert A	Chester
RUGGIERO, MD, Robert P	Philadelphia
RUHT, MD, Barry A	Lehigh
RUIZ, MD, Cesar A	Allegheny
RULIN, MD, Marvin C	Allegheny
RUMBAUGH, MD, Marshall U	Luzerne
RUMBAUGH, MD, Ross S	Somerset
RUMBAUGH JR, MD, James O	Perry
RUMBLE, MD, Thomas R	Allegheny
RUMBLE JR, MD, Charles T	Allegheny
RUMPF, MD, Christopher B	Monroe
RUMSEY, MD, John L	Monroe
RUMSEY, MD, William P	Delaware
RUNCO, MD, Angelo S	Allegheny
RUNK, MD, Lorenzo G	Philadelphia
RUNKLE, MD, Barbara E	Allegheny
RUNYAN, DO, John L	Columbia
RUNYEON, MD, William K	Berks
RUPP, MD, George M	Allegheny
RUPP, MD, James P	Dauphin
RUPP, MD, Robert A	Fayette
RUPPENTHAL, MD, J Bruce	Lackawanna
RUSCHAK, MD, Paul J	Allegheny
RUSH, MD, Calvin C	Greene
RUSH, MD, John F	Fayette
RUSHFORD, MD, Anthony J	Allegheny
RUSIN, MD, Lawrence C	Erie
RUSLI, MD, Michael	Chester
RUSSEK, MD, Edward	Dauphin
RUSSELL, DO, James A	Bradford
RUSSELL, MD, Marie O	Delaware
RUSSELL, MD, Richard L	Dauphin
RUSSELL JR, MD, Bertram R	Chester
RUSSIN, MD, Mary S	Union
RUSSINO, MD, Joseph L	Delaware
RUSSINOVICH, MD, Nicholas A E	Allegheny
RUSSMAN, MD, Richard B	Allegheny
RUSSO, MD, John F	Schuylkill
RUSSO, MD, Joseph F	Allegheny
RUSSO, MD, Michael P	York
RUSSO JR, DO, Anthony P	Erie
RUTBERG, MD, Franklin L	Philadelphia
RUTBERG, MD, Michael	Bucks
RUTENBERG, MD, Harold L	Philadelphia
RUTH, MD, Corey K	Philadelphia
RUTH, MD, D Henry	Beaver
RUTHBERG, MD, Jack	Philadelphia
RUTIGLIANO, MICHAEL J	Allegheny
RUTKOWSKI, MD, Mark G	Philadelphia
RUTLAND, MD, Hedley E	York
RUTMAN, MD, Deanna L	Allegheny
RUTT, MD, John M	Lancaster
RUTT JR, MD, Clarence H	Lancaster
RUTTENBERG, MD, Bertram A	Philadelphia
RUTTENBERG, DO, Norman F	Philadelphia
RUZBARSKY, MD, Joseph J	Lackawanna
RYAN, MD, Charles S	Philadelphia
RYAN, MD, Debra A	Bradford
RYAN, MD, John J	Northampton
RYAN, MD, Lawrence W	Montgomery
RYAN, LYNN M	Student
RYAN, MD, Timothy M	Delaware
RYAN, MD, William C	Somerset
RYAN, MD, William F	Monroe
RYAN JR, DO, Edward F	Montgomery
RYCHAK, MD, John S	Dauphin
RYCKMAN, MD, William F	Westmoreland
RYDER JR, MD, Kenneth G	Lehigh
RYDZE, MD, Richard A	Allegheny
RYDZE, MD, Robert A	Allegheny
RYNIER, MD, Donald L	Lancaster
RYOO, MD, In O	Allegheny
RYSCAVAGE, MD, Edward T	Schuylkill
RYSCAVAGE, MD, Thomas S	York

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SAAVEDRA, MD, Diogenes A	Crawford
SABANAYAGAM, MD, Ponnampalam	Philadelphia
SABATELLE, MD, Robert C	Allegheny
SABEH, MD, George	Allegheny
SABEH, MD, Raif K	Allegheny
SABO, ERIN M	Allegheny
SABO, ROBERT A	Student
SABOKBAR, MD, Nasser	Montgomery
SABOL, MD, John B	Cumberland
SABOL, JOSEPH G	Student
SABOL, MD, Louise J	Montour
SABRI, MD, Philip J	Franklin
SABUGO, MD, Evelyn F	Philadelphia
SACCHETTI, MD, Alfred D	Philadelphia
SACCO, MD, Matthew A	Montour
SACCO, MD, Russell J	Allegheny
SACHAKUL, MD, Chitrinee	Westmoreland
SACHAROK, CYNTHIA A	Student
SACHDEV, MD, Ranjan	Northampton
SACHDEVA, MD, Ajit K	Philadelphia
SACHDEVA, MD, Ravindra K	Mercer
SACHS, MD, Jonathan R	Philadelphia
SACHS, MD, Marvin L	Philadelphia
SACHS, MD, Murray	Allegheny
SACK, MD, Martha J	Philadelphia
SACKETT, MD, Charles F	Philadelphia
SACKHEIM, MD, Robert	Bucks
SACKMAN, MD, Ira	Dauphin
SACKS, MD, Charles L	Philadelphia
SACKS, MD, David	Berks
SACKS, MD, Ellis H	Montgomery
SACKS, MD, Harry J	Philadelphia
SACKS, MD, Richard P	Lebanon
SACKS, DO, Stephen E	Montgomery
SADEKNI, MD, Marwan E	Westmoreland
SADJA, ROBIN M	Student
SADLER, MD, John M	Allegheny
SADLER, MD, Larry R	Allegheny
SADOFF, MD, Robert L	Montgomery
SADORRA, MD, Nenita C	Philadelphia
SADOWSKI, MD, Robert H	Philadelphia
SADR, MD, Farrokh S	Lehigh
SADWIN, MD, Arnold	Philadelphia
SAFDAR-ALI, MD, Mohammad	Schuylkill
SAFFORD, MD, Monika M	Philadelphia
SAFIER, MD, Joel	Allegheny
SAFLEY, MD, Max W	Indiana
SAFYAN, MD, Susan L	Allegheny
SAG, MD, Jerome E	Montgomery
SAGAN, MD, Elizabeth R	Allegheny
SAGEL, DO, Henry K	York
SAGEN, MD, William	Bucks
SAGER, MD, Ethel	Philadelphia
SAGGE, MD, Perla S	Northampton
SAGHAFI, MD, Darius	Westmoreland
SAHAI, MD, Ashok K	Washington
SAHILLIOGLU, MD, Refik	Luzerne
SAHL, MD, Henry G	Philadelphia
SAHLANEY, MD, William J	Cambria
SAHOO, MD, Dilliswar	Schuylkill
SAHOO, MD, Kashinath	Berks
SAHOVEY, MD, James R	Allegheny
SAIDMAN, MD, Lester M	Luzerne
SAIFEE, MD, Kutub M	Allegheny
SAILER, MD, Dale W	Lancaster
SAIONTZ, MD, Howard I	Cambria
SAKACH, MD, Valerie A	Washington
SAKKAL, MD, Saad	Mercer
SALA, MD, Luis E	Philadelphia
SALAK, MD, Wasyl W	Philadelphia
SALAM, MD, Mahi	Chester
SALAND, MD, David K	Delaware
SALANON, MD, Paul	Philadelphia
SALAS, MD, Andre C J	Allegheny
SALAS, MD, Marty M	Cambria
SALATKA, MD, Karl W	Westmoreland
SALAZAR, MD, Edgardo P	Carbon
SALAZAR, MD, Pedro A	Luzerne
SALCEDO, MD, Wilfredo G	Northampton
SALDANA, MD, Idel J	Jefferson
SALEEM, MD, Mohammad A	Lackawanna
SALEH, MD, Ahmab N	Philadelphia
SALES, MD, Irving J	Philadelphia
SALES, LAUREN E	Student
SALES, MD, Phoenix M	Philadelphia
SALGADO, MD, Edward M	Northampton
SALIM, MD, Bozorgmehr	Delaware
SALINDONG, MD, Jaime P	Montgomery
SALKIND, MD, Gene Z	Philadelphia
SALKO, MD, Gregory J	Lackawanna
SALLASH JR, MD, Robert J	Northampton
SALMON, MD, James H	Erie
SALNER, MD, Nathan P	Philadelphia
SALOTTO, ARNOLD G	Student
SALSBERRY, MD, Mark D	Washington
SALTER, MD, Fredric L	Delaware
SALTZBURG, DO, Michael C	Blair
SALTZMAN, MD, Marcus B	Philadelphia
SALUK, MD, Patricia H	Delaware
SALVADOR, MD, Albert S	Philadelphia
SALVATORE, MD, Michael A	Lycoming
SALVATORE, MD, Michael R	Erie
SALVITTI, MD, E Ronald	Washington
SALVO, MD, Paul J	Philadelphia
SALVOZA, MD, Manuel I	Allegheny
SALYARD, MD, Lann B	Philadelphia
SAMAD, MD, Mohammad A	Northmbrland
SAMADANI, MD, Siroos R	Allegheny
SAMAHA, MD, Richard G	Montour
SAMALE, MD, G Richard	Philadelphia
SAMARASINGHE, MD, Gunasiri	Erie
SAMELSON, MD, Leo	York
SAMELSON, MD, Roberta A	Allegheny
SAMET, MD, Sherwood L	Monroe
SAMIES, MD, John H	Lehigh
SAMII, MD, Abdol H	Luzerne
SAMII, MD, Ali M	Cambria
SAMITZ, MD, M Harriss	Philadelphia
SAMMARTINO, MD, John P	Delaware
SAMPATH, MD, Krishna	Philadelphia
SAMPATHACHAR, MD, Kakkadasam R	Philadelphia
SAMPSON, MD, Arnold	Allegheny
SAMPSON, MD, David A	Philadelphia
SAMUELS, MD, David J	Philadelphia
SAMUELS, MD, Trudy	Philadelphia
SAMUELSON, MD, Joel S	Monroe
SANCHEZ, MD, Armando	Allegheny
SANCHEZ, MD, Blanca S	Philadelphia
SAND, MD, David J	Montgomery
SANDBERG, MD, James A	Lehigh
SANDBERG, MD, Theodore E	Allegheny
SANDEL, MD, Mary E	Philadelphia
SANDER, ELIZABETH B	Student
SANDERS, MD, Robert E	Westmoreland
SANDERS JR, MD, Lawrence L	Philadelphia
SANDERSON, MD, Douglas K	Dauphin
SANDERSON, MD, Vincent A	Mercer
SANDHAUS, MD, Julius L	Lancaster
SANDHU, MD, Bakhshish S	Bucks
SANDHU, MD, Rajinder S	Allegheny
SANDLER, MD, Kenneth R	Chester
SANDO, MD, Ralph S	Philadelphia
SANDOVAL, MD, Conchita Q	Westmoreland
SANDS, MD, David	Luzerne
SANDS, MD, Earl E	Montgomery
SANDS, MD, Jeffrey J	Luzerne
SANDSON, MD, Gerald B	Allegheny
SANDSTROM, MD, Paul H	Erie
SANDSTROM JR, MD, Frank T	Montgomery
SANFORD, MD, Frederic E	Lycoming
SANFORD, MD, Robert G	Dauphin
SANFORD, MD, Robert S	Tioga
SANGHI, MD, Jodh K	Warren
SANGILLO, MD, Cathleen K	Dauphin
SANGILLO, MD, Mario M	Dauphin
SANGODEYI, MD, Olu R	Allegheny
SANGRUJEE, MD, Kannika L	Allegheny
SANGRUJEE, MD, Weerasak	Allegheny
SANKAR, MD, Naganathan S	Beaver
SANKARAN, MD, Manickam	Blair
SANKARI, MD, Muhammed A	Mckean
SANNER, MD, John C	Lackawanna
SANNER JR, MD, Edgar G	Allegheny
SANPEDRO, MD, Floro D	Philadelphia
SANPEDRO, MD, Romeo S	Somerset
SANSONE, MD, Thomas C	Montgomery
SANSTEAD, MD, John K	York
SANT RAM, MD, Deepak	Chester
SANTAMARIA, MD, Frank R	Westmorelan
SANTANGELO, KATHYLEE	Dauphin
SANTANGELO, MD, Marsha F	Philadelphia
SANTANGELO, MD, Samuel C	Montgomery
SANTARSIERO, MD, D Anthony	Lackawanna
SANTEN, MD, Richard J	Dauphin
SANTERINI, KRISTINE R	Allegheny
SANTIESTEBAN, MD, Joseph A	Allegheny
SANTILLAN, MD, Victor H	Blair
SANTILLI, MD, Thomas F	Philadelphia
SANTINI, MD, Lewis C	Montour
SANTOMENNA, MD, Michael A	Erie
SANTOPOLO, MD, Anthony C	Delaware
SANTORA, DAWN M	Allegheny
SANTORA, MD, Robert A	Crawford
SANTORA JR, MD, Frank J	Allegheny
SANTORE, MD, Felice J	Delaware
SANTORE, MD, Louis X	Montgomery
SANTORO, MD, Jerome	Philadelphia
SANTORO, MD, William	Berks
SANTOS, MD, Arthur M	Allegheny
SANTOS, MD, Cesar R	Lawrence
SANTOS, MD, Rodolfo J	Bucks
SANTOS, MD, Rodolfo R	Somerset
SANTOSO, MD, Limjadi	Erie
SANTOYO-STEIN, MD, Maria C	Philadelphia
SANTUCCI, MD, Francesco	Allegheny
SAPIRSTEIN, MD, Wolf	Dauphin
SAQUIN, MD, Raineldo C	Mckean
SARACCO, MD, Thomas R	Allegheny
SARACHEK, MD, Norman S	Lehigh

ARADAR, MD, Riad	Fayette
ARAGOVI, MD, Armand A	Philadelphia
ARAIN, MD, Antonio N	Crawford
ARAJEDINI, MD, Hossain	Mckean
ARAN, MD, Madhukar	Susquehanna
ARAS, MD, Peter L	Luzerne
ARAVITZ JR, MD, Eugene M	Lehigh
ARDESAI, MD, Prabhaker G	Erie
ARIK, DO, Michael J	Delaware
ARIN, MD, Lov K	Philadelphia
ARIS, MD, Anne L	Montgomery
ARIS, MD, Demetrius S	Montgomery
ARIS-MECHENBIER, MD, Lydia E	Allegheny
ARKER, MD, Chitta R	Montgomery
ARKER, MD, Muhammad A R	Berks
ARNOWSKI, MD, Robert J	Lackawanna
ARON, MD, Irvin J	Northampton
ARP, MD, Edward J	Blair
ARRELL, MD, E Michael	Philadelphia
ARSHIK, MD, Milton	Philadelphia
ARSHIK, MD, Stuart A	Philadelphia
ARUBIN, MD, Daniel R	Lehigh
ARUK, MD, Michael L	Chester
ARVER, MD, Ray G	Westmoreland
ARVER, MD, Robert O	Allegheny
ASSANI, MD, Joseph W	Dauphin
ASSON, MD, Robert	Bucks
ASTRY, MD, Dasika M	Montgomery
ATALOFF, MD, Dahlia M	Philadelphia
ATALOFF, MD, Joseph	Philadelphia
ATALOFF, MD, Robert T	Philadelphia
ATINSKY, MD, Jonathan D	Delaware
ATRIALE, MD, Richard F	Chester
AUCO, MD, M Concepcion	Philadelphia
AUER, MD, Dieter	Westmoreland
AUER, MD, Thomas S	Northampton
AUERTIEG, MD, Elliott A	Dauphin
AUL, MD, Albert	Philadelphia
AUL, MD, Leon J	Philadelphia
AUL, MD, Richard B	Philadelphia
AUL, MD, Robert F	Montour
AULINO, MICHAEL F	Student
AULL, MD, Sondra C	Philadelphia
AUNDERS, MD, Charles D	Northampton
AUNDERSON JR, MD, Robert W	Lancaster
AUSSER, MD, Eugene W	Cumberland
AVACOOL, MD, Jacob W	Philadelphia
AVAGE, MD, Donald J	Luzerne
AVAGE, MD, James E	Mercer
AVAGE, MD, Michael P	Philadelphia
AVAGE, MD, Peter J	Luzerne
AVARESE, MD, Ronald P	Philadelphia
AVARINO, RICHARD J	Allegheny
AVASTIO, MD, Joseph A	Dauphin
AVOIE, LISA M	Student
AVORY, MD, William J	Dauphin
AVRIN, MD, Ronald A	Dauphin
AWARDEKAR, MD, Arun S	Mercer
AWARDEKAR, MD, Shubhada A	Mercer
AWARDEKER, MD, Sandip U	Westmoreland
AWIN, MD, Henry S	Montgomery
AWYER, MD, Rita A	Allegheny
AWYNA, MD, Vitaly	Lehigh
AXENA, MD, Varun	Bucks
AXON, MD, Joseph G	Dauphin
AYE JR, MD, William H	Dauphin
AYEN, MD, John J	Philadelphia
AYERS, MD, Francis P	Northmbrland
AYERS, MD, Kenneth H	Indiana
AYLOR, MD, Randall M	Butler
AYLOR, MD, Richard F	Montgomery
AYRE, MD, Rodger C	Wyoming
AYSON, MD, Jose N	Lebanon
CANLON, MD, Mary H	Philadelphia
CARAMUCCI, MD, John C	Allegheny
CARANO, MD, Domenico	Luzerne
CARANO, MD, Joseph J	Philadelphia
CARF, MD, Maxwell	Philadelphia
CARIATO, MD, Albert F	Philadelphia
CAROLA, MD, Joseph A	Montgomery
CARPA, MD, Harry C	Montgomery
CARPINO, MD, Leo J	Lehigh
CARSELLATO, MD, John N	Allegheny
CERBO, MD, James A	Jefferson
CHAAF, MD, John T	Erie
CHAAF, MD, Richard D	Delaware
CHACHTER, MD, Allan B	Allegheny
CHACHTER, MD, Joseph	Allegheny
CHACHTERLE, MD, Ralph E	Lancaster
CHADE, MD, John F	Luzerne
CHADT, MD, Daniel C	Northampton
CHADT JR, MD, Oliver S	Lehigh
CHAEBLER, MD, M Lee	Berks
CHAEFER, MD, C Russell	Allegheny
CHAEFER, MD, Thomas J	Cambria
CHAEFER, MD, Thomas L	Allegheny
CHAEFFER, MD, Frances C	Lehigh
CHAEFFER, MARTIN A	Student
CHAEFFER, MD, William A	Lancaster
CHAEFFER JR, MD, William E	Lebanon
CHAFER JR, MD, Francis J	Allegheny
CHAFFENBURG, MARK S	Student
CHAFFER, MD, Burton	Philadelphia
CHAFFER, MD, David B	Philadelphia
CHAFFER, MD, David N	Dauphin
CHAFFER, MD, David W	Philadelphia
CHAFFER, MD, Sonja G	York
CHAFFER, MD, Ted C	Allegheny
CHAFFNER, MD, Kenneth F	Allegheny
CHAFFNER, MD, Meade D	Lancaster
CHALL, MD, Roy F	Allegheny
CHALLER, MD, James A	Montgomery
CHALLER JR, RICHARD J	Student
CHAMP, MD, Richard O	Jefferson
CHANER, MD, Paul J	Allegheny
CHANTZ, DO, Beverly B	Lancaster
CHANTZ, MD, John C	Lancaster
CHAPIRA, MD, Daniel	Lackawanna
CHAPIRO, MD, Rolf L	Allegheny
CHARF, MD, Ann T	Philadelphia
CHARF, DO, Gerald	Montgomery
CHARF, MD, Renee D	Philadelphia
CHARFF, MD, Nicholas	Philadelphia
CHARLE, MD, W Timothy	Northampton
CHARTEL, DO, Albert P	Berks
CHATANOFF, MD, David	Blair
CHATANOFF, MD, Joseph	Philadelphia
CHATTNER, MD, Allen S	Allegheny
CHATZ, MD, Norman J	Philadelphia
CHAUB, MD, David H	Allegheny
CHECTER, MD, Benjamin C	Mckean
CHEER, MD, R Scott	Chester
CHEERS, MD, George F	Luzerne
CHEFF, MD, Alice M	Philadelphia
CHEIB, MD, Frederick J	Washington
CHEID JR, MD, John E	Westmoreland
CHEIE, MD, Harold G	Philadelphia
CHEIN, MD, Alan L	Dauphin
CHEIN, MD, Robert A	Allegheny
CHEIN II, MD, George	Allegheny
CHEINFELDT, DO, Barton D	Philadelphia
CHEINMAN, MD, Harold Z	Allegheny
CHELL, MD, Gary F	Centre
CHELL, MD, Stephen E	Erie
CHELL JR, MD, Francis J	Wyoming
CHENCK, MD, Paul H	Lehigh
CHENFELD, MD, Louis A	Cambria
CHENKEL, MD, Eric J	Northampton
CHERER, MD, Bernard C	Westmoreland
CHERER, DO, Jerome E	Allegheny
CHERR, MD, Stuart A	Philadelphia
CHEUER, MD, John W	Lackawanna
CHEUERMAN, DO, Thomas J	Philadelphia
CHEUERMANN, MD, Henry A	Delaware
CHEUERMANN, MD, Richard E	Philadelphia
CHIELE JR, MD, Herbert S	Philadelphia
CHIETROMA, MD, Cindy J	Dauphin
CHIETROMA, MD, John J	Dauphin
CHIFF, MD, Melvin M	Allegheny
CHILLER, MD, Harvey J	Cambria
CHILLER, MD, Herbert M	Philadelphia
CHILLER, MD, Ruth P	Bucks
CHILLI, MD, Rudolph	Cambria
CHILLIZZI, MD, William	Philadelphia
CHIMMEL, MD, Martin	Philadelphia
CHIMMEL, MD, Nelson H	Philadelphia
CHIMMER, MD, Barry M	Philadelphia
CHINDLER, MD, Alan M	Philadelphia
CHINDLER, MD, Peter D	Chester
CHINFELD, MD, Jay S	Montgomery
CHINFELD, MD, Louis H	Montgomery
CHIOWITZ, MD, Albert	Luzerne
CHIOWITZ, MD, Mark F	Luzerne
CHIRK, MD, Steven K	Montour
CHIRO, MD, John C	Dauphin
CHLABACH, MD, Donald M	Erie
CHLACKMAN, MD, Neil	Bucks
CHLAFF, MD, Lillian T	Philadelphia
CHLAGER, MD, Barbara A	Bucks
CHLAGER, MD, Charles E	York
CHLANSKY, MD, Ronald M	Cumberland
CHLEEHAUF, MD, Karen M	York
CHLEGEL, DO, Karl J	Huntingdon
CHLEIFER, MD, Charles R	Philadelphia
CHLEMAN, MD, Margo	Philadelphia
CHLESINGER, MD, Diana M	Monroe
CHLESINGER, MD, Sam	Luzerne
CHLESS, MD, Arthur P	Chester
CHLESSEL, MD, Richard B	Philadelphia
CHLESSINGER, DAVID A	Allegheny
CHLEZINGER, MD, Nathan S	Philadelphia
CHLITZER, MD, William H	Schuylkill
CHLOSSBERG, MD, David	Philadelphia
CHLOSSBERG, MD, Michael A	Allegheny
CHLOSSER, MD, David E	Lancaster
CHMELTZ, MD, Ralph	Allegheny
CHMEYER, MD, Jon E	York
CHMIDHOFER, MD, Mark	Allegheny
CHMIDT, MD, Arnold P	Luzerne
CHMIDT, MD, H William	Montgomery
CHMIDT, MD, Mary E	Allegheny
CHMIDT, MD, Robert J	Elk/Cameron
CHMIELER, MD, George C	Washington
CHMIELER, MD, George P	Washington
CHMITT, MD, Albrecht	Philadelphia
CHMITT, MD, Charles L	Allegheny
CHMITT, MD, Herman L	Allegheny
CHMITT, MARISA A	Allegheny
CHMITT, SCOTT A	Allegheny
CHMUKLER, DO, Anita G	Philadelphia
CHMUTZLER III, MD, Robert C	Montgomery
CHNALL, MD, Barry	Philadelphia
CHNALL, SMD, Charles	Philadelphia
CHNALL, MD, David J	Philadelphia
CHNALL, MD, Nathan	Philadelphia
CHNAPF, DO, Donald J	York
CHNAPP, MD, Lynn Meryl	Philadelphia
CHNAUFER, MD, Louise	Philadelphia
CHNEEBERG, MD, Arthur L	Philadelphia
CHNEEBERG, MD, J Myron	Philadelphia
CHNEEBERG, MD, Norman G	Philadelphia
CHNEIDER, MD, Bernard	Philadelphia
CHNEIDER, MD, Chester L	Montgomery
CHNEIDER, MD, Jan	Philadelphia
CHNEIDER, MD, Jill	Philadelphia
CHNEIDER, MD, John A	Allegheny
CHNEIDER, MD, Lawrence H	Philadelphia
CHNEIDER, MD, Richard R	Allegheny
CHNEIDER, MD, Robert E	Allegheny
CHNEIDER, MD, Roberta L	Montgomery
CHNEIDERMAN, MD, Marc J	Allegheny
CHNEIMAN, MD, Maurice H	Philadelphia
CHNITZLER, MD, Joseph	Northampton
CHNURER, MD, Charles I	Allegheny
CHOCK, MD, William W	Huntingdon
CHOCKER, MD, Jack D	Blair
CHOENBERG, MD, Mark P	Philadelphia
CHOENFELD, MD, Clyde D	Allegheny
CHOENLEBER, MD, Dana B	Montour
CHOEPPNER, MD, Eric	Northampton
CHOFFSTALL, MD, John M	Philadelphia
CHOFIELD, MD, R Alan	Montgomery
CHOLL, MD, Harvey W	Montgomery
CHOLL JR, MD, Harvey W	Bucks
CHOLLAERT, MD, Richard A	Allegheny
CHONAUER, MD, Thomas D	York
CHOOLEY, MD, Frank B	Luzerne
CHOONOVER, MD, Daniel K	Montour
CHOPFER, MD, Ralph E	Lycoming
CHORN, MD, Victor G	Franklin
CHORR, MD, Neal A	Allegheny
CHOWALTER, MD, Donald R	Westmoreland
CHRADER, MICHAEL C	Allegheny
CHRADING, MD, Walter A	Montour
CHRAGGER, MD, Alan H	Lehigh
CHRAMM, MD, Frank E	Northampton
CHRAN, MD, Albert G	Delaware
CHRECK, MD, Fred M	Northmbrland
CHRECKENGAUST, MD, Robert H	Lackawanna
CHREIBER, MD, Richard	Dauphin
CHREIBER, MD, Richard D	Lebanon
CHREINER, MD, Glenwood R	Luzerne
CHRENZEL, MD, Steven	Delaware
CHROCK, MD, Jon H	Lancaster
CHROCK, MD, Laura J	Cambria
CHROECKENSTEIN, MD, Richard F	Crawford
CHROEDER, MD, Richard D	Cambria
CHROFF JR, RICHARD L	Student
CHROGIE JR, MD, John J	Chester
CHUBERT, MD, John J	Lancaster
CHUBERT, MD, Ronald	Beaver
CHUCKER, MD, Forrest A	Dauphin
CHUERCH, MD, Conrad	Montour
CHUESSLER, MD, Paul W	Northampton
CHULHOFF, MD, John W	Allegheny
CHULLER, MD, Diane E	Montour
CHULMAN, MD, Edward S	Philadelphia
CHULMAN, MD, Norman	Luzerne
CHULTHEIS JR, MD, Carl F	Montgomery
CHULTZ, MD, Adrienne J	Jefferson
CHULTZ, MD, David M	Elk/Cameron
CHULTZ, MD, Edward D	Blair
CHULTZ, MD, Edward J	Blair
CHULTZ, MD, Edward M	Allegheny
CHULTZ, MD, Julius	Philadelphia
CHULTZ, MD, Kenneth E	Dauphin
CHULTZ, NEIL R	Student
CHULTZ, MD, Theodore A	Westmoreland
CHULTZ JR, MD, Howard K	Dauphin
CHULZ, MD, August J	Lancaster
CHULZ, MD, Jacob A	Lancaster
CHUMACHER, DO, Carol M	Allegheny
CHUMACHER, MD, L Richard	Montgomery
CHUMAN, MD, Robert A	Lackawanna
CHUSTER, MD, Albert H	Philadelphia
CHUSTER, MD, Allan H	Allegheny
CHUSTER, MD, James J	York
CHUSTER, MD, James L	Erie
CHUSTER, MD, Stephen J	Philadelphia
CHUTTE, MD, Sharon L	Philadelphia
CHWAB, MD, Morton E	Philadelphia
CHWAB, MD, Robert A	Montour
CHWAB, MD, Robert H	Philadelphia
CHWALB, MD, Allen J	Philadelphia
CHWAMM, MD, Harry A	Montgomery
CHWARCZ, MD, Harriet B	Montgomery
CHWARTZ, MD, Alec R	Allegheny
CHWARTZ, MD, Allan B	Philadelphia
CHWARTZ, MD, Barry J	Philadelphia
CHWARTZ, MD, Bradford B	York
CHWARTZ, MD, Daniel N	Allegheny
CHWARTZ, MD, Donald	Philadelphia
CHWARTZ, MD, Donald S	Chester
CHWARTZ, MD, Edward	Delaware
CHWARTZ, MD, Emanuel E	Philadelphia
CHWARTZ, MD, Gordon F	Philadelphia
CHWARTZ, MD, Ira	Schuylkill
CHWARTZ, MD, Irving R	Philadelphia
CHWARTZ, MD, Joel D	Allegheny
CHWARTZ, MD, Joel L	Montgomery
CHWARTZ, MD, Jonathan	Westmoreland
CHWARTZ, MD, Laurence M	Philadelphia
CHWARTZ, MD, Leonard	Allegheny
CHWARTZ, MD, Louis	Philadelphia
CHWARTZ, MD, Louis W	Montgomery
CHWARTZ, MD, Marc L	Philadelphia
CHWARTZ, MD, Milton A	Bucks
CHWARTZ, MD, Peter L	Bucks
CHWARTZ, MD, Raymond	Philadelphia
CHWARTZ, MD, Reuben B	Philadelphia
CHWARTZ, MD, Robert K	York
CHWARTZ, MD, Robert M	Erie
CHWARTZ, MD, Robert P	Philadelphia
CHWARTZ, MD, Sheldon M	Lycoming
CHWARTZ, MD, Stephen L	Philadelphia
CHWARZ, MD, Gabriel A	Philadelphia
CHWARZ, MD, Richard A	Bucks
CHWARZSCHILD, MD, Walter	Philadelphia
CHWEGMAN, MD, Cletus W	Philadelphia
CHWEIKLE, MD, Mary R	Lycoming
CHWEITZER, MD, Jane G	Philadelphia
CHWEIZER, MD, Robert R	Berks
CHWENDEMAN, MD, David L	Northampton
CHWENTKER, MD, Edward P	Dauphin
CHWERHA, MD, Joseph J	Allegheny
CHWERIN, MD, William F	Allegheny
CHWINGE, MD, Elaine A	Lehigh
CHWITER, MD, E Joseph	Luzerne
CIALDONE, MD, Anthony M	Allegheny
CIALLA, MD, Salvatore J	Lackawanna
CIARA, MD, Christine	Chester
CIBAL, MD, Gary J	Lancaster
CIBETTA, MD, Mario P	Erie
CIBILIA, MD, James P	Beaver
CICCHITANO, MD, David C	Northmbrland
CICCHITANO, MD, Leon P	Schuylkill
CINICO, MD, Mark W	Luzerne
CIOSCIA, MD, Eugene A	Allegheny
CIOSCIA, PAUL J	Allegheny
CIPIONE, MD, C Richard	Philadelphia
CIULLI, MD, Robert L	Allegheny
COBLIONKO, MD, David P	Northampton
COGLIETTI, MD, Vincent C	Allegheny
COGNA, MD, Joseph E	Philadelphia
COLES, MD, Karen S	Philadelphia
COPELLITI, MD, Joseph A	Bradford
CORNAVACCHI, MD, Joseph M	Berks
CORNAVACCHI JR, MD, Joseph M	Berks
COTT, MD, Allene J	Montgomery
COTT, MD, Alvin J	Luzerne
COTT, MD, Angela P	Philadelphia
COTT, CRAIG H	Allegheny
COTT, MD, Dorothy C	Allegheny
COTT, MD, Durelle T	Luzerne
COTT, MD, Earl S	Philadelphia
COTT, MD, Henry	Philadelphia
COTT, MD, Howard K	Butler
COTT, MD, J Clifford	Chester
COTT, MD, Jack A	Allegheny
COTT, MD, John H	Allegheny
COTT, MD, Kincy J	Indiana
COTT, DO, Mark E	Delaware
COTT, MD, Norman E	Allegheny
COTT, DO, Robert C	Lancaster
COTT, MD, Steven A	Lehigh
COTT, MD, Thomas R	York
COTT JR, MD, S David	Philadelphia
COTTI, MD, Daniel M	Philadelphia
COTTI, MD, Louis N	Allegheny
COVAZZO, MD, Mary L	Allegheny
CROBOLA, MD, Charles C	Luzerne
CULLIN III, MD, John P	Mercer
CULLY, MD, Dennis M	Erie
CULLY, MD, John P	Berks
EARFOSS, MD, Roger C	Westmoreland
EBASTIAN, MD, Eugene F	Dauphin
EBASTIANELLI, MD, Mario J	Lackawanna
EBOK, MD, Marianne	Philadelphia
ECHLER, MD, Edith W	Venango
ECKINGER, MD, Raymond P	Lehigh
ECUNDA, MD, Steven K	Delaware
EDA, MD, Hector J	Berks
EDACCA, MD, Paul J	Philadelphia
EDLOVSKY, MD, Michael Z	Northmbrland
EEBER, MD, John J	Cambria
EECOF, MD, Richard M	Allegheny
EELAUS, MD, Jere F	Montgomery
EEP, MD, Michael K	Franklin
EES, MD, Jack N	Dauphin
EGAL, MD, Allan	Beaver
EGAL, MD, Arthur M	Lackawanna
EGAL, MD, Bernard L	Philadelphia
EGAL, MD, Louis	Philadelphia
EGAL, MD, Ricardo	Allegheny
EGARRA, MD, Sergio	Mercer
EGEL, MD, David P	Allegheny
EGRAVES, MARY E	Student
EGU, MD, Subramanyam	Erie
EHGAL, MD, Kuldeep	Beaver
EHN, MD, Susan C	Montgomery
EIAVITCH, MD, Samuel A	Allegheny
EIDEL, MD, Eric C	Berks
EIDEL, MD, Horace Y	Northampton
EIDEL, MD, Terry W	York
EIDL, MD, Daniel C	York
EIDLER, MD, Eleanor E	Montgomery
EIDLICH, MD, Franklin T	Dauphin
EIDNER, MD, Michael R	Montgomery
EIFERT, MD, George L	Philadelphia
EIFERT, MD, Richard A	Delaware

SEIFERT, MD, Thomas E	Cambria
SEIFERTH, MD, Paul D	Erie
SEIFERTH, MD, William J	Erie
SEIFFERT, MD, Thomas E	Allegheny
SEIGLE, MD, Walter E	Lackawanna
SEINIGE, MD, Ursula L	Philadelphia
SEIPLE, MD, Harvey H	Lancaster
SEITCHIK, MD, Murray W	Philadelphia
SEITMAN, MD, David T	Bucks
SEITZ, MD, Edward R	Allegheny
SEITZ, MD, Nevin H	York
SEKARAN, MD, Kamalesh K	Butler
SEKARAN, MD, Somasundaram K	Butler
SEKHAR, MD, Laligam N	Allegheny
SELBY, MD, Charles L	Montgomery
SELEDNIK, MD, Leonard J	Allegheny
SELHAT, MD, George F	Philadelphia
SELICKMAN, MD, Mitchell A	Philadelphia
SELIG, MD, Michael B	Allegheny
SELIGER, MD, Gustav	Delaware
SELKER, MD, Robert G	Allegheny
SELKOVITS, MD, Sidney	Allegheny
SELL, MD, Harry W	Allegheny
SELLARO, DO, Salvatore R	Erie
SELLERS, MD, Alfred M	Philadelphia
SELLERS, MD, Robert W	Berks
SELLERS JR, MD, Thomas D	Montour
SELSMAN, MD, Joseph V	Montgomery
SELTZER, MD, Harry	Allegheny
SELTZER, MD, Joseph L	Philadelphia
SELTZER, MD, Maurice	Philadelphia
SELTZER, MD, William I	Allegheny
SELVAGGI, THOMAS A	Student
SELVARAJ, MD, Mylappan	Philadelphia
SEMBROT, MD, William B	Philadelphia
SEMINS, MD, Howard	Allegheny
SEMPELES, MD, Kathleen R	Dauphin
SEMPLE, MD, Brereton B	Philadelphia
SEMPLE, MD, Joseph M	Erie
SEN, MD, Chandra N	Allegheny
SENAN, MD, Pushpendra	Allegheny
SENDZIK, MD, Nestor I	Bucks
SENFT, MD, Karen E	Northampton
SENFT, MD, Stephen C	Northampton
SENIOW, MD, Raymond V	Lawrence
SENITA, MD, G Robert	Allegheny
SENKO, DARLENE S	Allegheny
SENTER, MD, Howard J	Allegheny
SEO, MD, Jin S	Berks
SERABJIT-SINGH, MD, Jag D	Somerset
SERAFY, MD, Michael M	Allegheny
SERBER, MD, William	Philadelphia
SERENE, MD, Harry E	Allegheny
SERFAS, MD, Lee S	Northampton
SERINE, MD, Enrico A	Lackawanna
SEROSKA, MD, Phillip J	Luzerne
SERRANO, MD, Alberto C	Philadelphia
SERVOSS, MD, Spencer J	Lycoming
SERWINT, MD, Michael S	Venango
SESSION, MD, William C	Allegheny
SESSOMS, MD, Frank E	Allegheny
SETH, MD, Prabhat	Allegheny
SETH, MD, Rajendra N	Philadelphia
SETHBHAKDI, MD, Somkiat	Philadelphia
SETHI, MD, Surendra K	Butler
SETTY, MD, Polepalli S	Westmoreland
SEVICK, MD, Myron E	Centre
SEVIN, MD, Elizabeth G	Philadelphia
SEWAK, MD, Michael E	Cambria
SEWARDS, MD, Patrick M	Philadelphia
SEWATSKY, MD, Mary F	Lackawanna
SEXTON JR, MD, George L	Berks
SEY, MD, Mark J	Philadelphia
SEYFRIED, DONALD M	Student
SEYLER, MD, Raymond Q	Delaware
SEYMOUR, MD, Parker M	Philadelphia
SGARLAT, MD, Joseph R	Luzerne
SGRO, MD, Antonio	Philadelphia
SHABER, MD, Gary S	Philadelphia
SHACKLEFORD, MD, Robert E	Montgomery
SHACKLETT, MD, Dorothy E	Philadelphia
SHADLE, MD, Chester A	York
SHADY, MD, Maureen Y	Dauphin
SHAEFFER, MD, Joseph M	Bucks
SHAFER, MD, Edward A	Luzerne
SHAFFER, MD, Carolyn W	Dauphin
SHAFFER, MD, Donald Y	Beaver
SHAFFER, MD, Eugene M	Berks
SHAFFER, MD, George W	Bucks
SHAFFER, MD, Howard L	Lawrence
SHAFFER, MD, Irvin G	Berks
SHAFFER, MD, Lawrence A	Mercer
SHAFFER, MD, Lawrence J	Dauphin
SHAFFER, MD, Lionel B	Montgomery
SHAFFER, MD, Walter L	Allegheny
SHAFIA, MD, Hass	Philadelphia
SHAFIQUE, MD, Mohammad	Lycoming
SHAFTEL, MD, Peter A	Philadelphia
SHAH, MD, Anilkumar T	Luzerne
SHAH, MD, Evelyn M	Luzerne
SHAH, MD, Harnish V	Berks
SHAH, MD, Jitendra N	Philadelphia
SHAH, MD, Jyotindra T	Allegheny
SHAH, MD, Mahendra C	Philadelphia
SHAH, MD, Mahendra K	Susquehanna
SHAH, MD, Manjula S	Jefferson
SHAH, MD, Mehul N	Dauphin
SHAH, MD, Mubarik A	Philadelphia
SHAH, MD, Mukesh V	Allegheny
SHAH, MD, Narayan	Montour
SHAH, MD, Nayan C	Lackawanna
SHAH, MD, Rahmat	Lackawanna
SHAH, MD, Ranjan R	Delaware
SHAH, MD, Ranjit R	Delaware
SHAH, MD, Ratan S	Westmoreland
SHAH, MD, Satish A	Dauphin
SHAH, MD, Shirish N	Jefferson
SHAH, MD, Shirish N	Allegheny
SHAH, MD, Syed G	Schuylkill
SHAH, MD, Vinod H	Allegheny
SHAHEEN, MD, Robert G	Blair
SHAIKH, MD, Aftab A	Lackawanna
SHAIKH, MD, Mohammed N	Westmoreland
SHAMAI, MD, Haroun A	Lehigh
SHAMBLIN, MD, Jerry D	Allegheny
SHAMIMI-NOORI, MD, Soroush	Dauphin
SHAMPAIN, MD, Mark P	Lehigh
SHANAHAN, MD, J Rush	Philadelphia
SHANAHAN, MD, Nancy R	Bucks
SHANK, MD, Irene A	Allegheny
SHANKAR, MD, Ram G	Bucks
SHANKAR, MD, V S	Philadelphia
SHANNON, MD, Robert E	Dauphin
SHAPERA, MD, Richard P	Allegheny
SHAPIRA, MD, Edith L	Allegheny
SHAPIRO, MD, Alvin P	Allegheny
SHAPIRO, MD, Bernard	Philadelphia
SHAPIRO, DO, Bertram P	Philadelphia
SHAPIRO, MD, Charles J	Franklin
SHAPIRO, MD, David B	Philadelphia
SHAPIRO, DO, Eric B	Delaware
SHAPIRO, MD, Harvey H	Franklin
SHAPIRO, MD, Jacob	Philadelphia
SHAPIRO, MD, John A	Berks
SHAPIRO, MD, Leonard H	Philadelphia
SHAPIRO, MD, Lester F	Allegheny
SHAPIRO, MARCEY E	Student
SHAPIRO, MARK H	Allegheny
SHAPIRO, MD, Richard P	Philadelphia
SHAPIRO, MD, Samuel S	Philadelphia
SHAPIRO, MD, Stuart G	Venango
SHARBAUGH, MD, Donald G	Cambria
SHARER, DO, Carl W	Montgomery
SHARIAT, MD, Iraj	Somerset
SHARIFF, MD, Haji M	Philadelphia
SHARIFI-AZAD, MD, Said	Philadelphia
SHARKEY, MD, Peter F	Delaware
SHARKEY, MD, Thomas G	Luzerne
SHARMA, MD, Amar J	Northampton
SHARMA, MD, Jashwant K	Westmoreland
SHARMA, MD, Kusum	Westmoreland
SHARMA, MD, Meera V	Lackawanna
SHARMA, MD, Om P	Northampton
SHARMA, MD, Raj K	Delaware
SHARMA, MD, Sukh D	Erie
SHARMA, MD, Usha	Allegheny
SHARMAN, MD, Michael H	Washington
SHARPLES, MD, Wynne	Philadelphia
SHARPLESS, MD, Edwin D	Delaware
SHARPS, MD, Frank	Philadelphia
SHARPS, MD, Lewis S	Chester
SHARRA, WILLIAM G	Allegheny
SHARRAR, MD, Robert G	Philadelphia
SHARRER, MD, Margaret C	Allegheny
SHASHIKUMAR, MD, V L	Philadelphia
SHATTEN, MD, Thomas A	Allegheny
SHATZ, MD, Eugene M	Potter
SHATZ, MATTHEW J	Allegheny
SHAUB, MD, Paul D	York
SHAUB JR, MD, Howard G	Blair
SHAUGHNESSY, MD, Michael J	Allegheny
SHAVER, MD, James A	Allegheny
SHAVER, MD, John C	Allegheny
SHAVER, MD, Verne C	Allegheny
SHAW, DO, Donald D	Tioga
SHAW, MD, Gordon A	Lycoming
SHAW, MD, James A	Dauphin
SHAW, MD, Robert	Philadelphia
SHAWALUK, MD, Paul D	Philadelphia
SHAY, MD, Paul L	Allegheny
SHAY, MD, Robert J	Philadelphia
SHEA, MD, Francis J	Philadelphia
SHEARBURN III, MD, Edwin W	Bucks
SHEARER, MD, David M	York
SHEARER, MD, Donald E	Lycoming
SHEARS, MD, Mark C	Berks
SHECTER, DO, Fredric M	Philadelphia
SHEDD, MD, Ann C	Allegheny
SHEDLOCK, DO, Anthony F	Clearfield
SHEDRO, MD, Hector	Westmoreland
SHEEHAN, MD, John H	Allegheny
SHEEHE, MD, Dennis M	Columbia
SHEELY, MD, Raymond F	Adams
SHEEP, MD, Robert E	Chester
SHEER, MD, George W	Lackawanna
SHEETS, MD, Everett O	Philadelphia
SHEETS, MD, James A	Lehigh
SHEFFER, MD, M Leonard	Berks
SHEFFO, GREGORY S	Allegheny
SHEIKH, MD, Najmi I	Philadelphia
SHELBY, MD, John H	Berks
SHELBY, MD, Joseph E	Fayette
SHELDON, MD, Douglas L	Lackawanna
SHELLEY, MD, Mark H	Mckean
SHELLEY, MD, William L	Cumberland
SHELLING, MD, Richard E	Bradford
SHELLY, MD, Robert M	Susquehanna
SHELLY, MD, W Dayton	Wyoming
SHELNITZ, MD, Lori S	Philadelphia
SHELTON, MD, Barbara	Philadelphia
SHELTON, MD, Joseph M	Washington
SHEMANSKI, MD, Clem J	Berks
SHENAI, MD, Pundalik G	Dauphin
SHENBERGER, MD, Keith N	Lycoming
SHENFIELD, MD, Henry T	Bradford
SHENKIN, MD, Henry A	Philadelphia
SHEPPARD, MD, Frank J	Erie
SHEPPARD, LISA M	Student
SHEPTAK, MD, Peter E	Allegheny
SHER, MD, Ellen R	Philadelphia
SHER, MD, Liane	Philadelphia
SHERAFAT, MD, Mostafa	Erie
SHERBAN, MD, Paul R	Lancaster
SHERIDAN, DO, Joseph F	Cambria
SHERMAN, MD, Alfred J	Dauphin
SHERMAN, MD, Anthony	Philadelphia
SHERMAN, MD, Cynthia A	Allegheny
SHERMAN, MD, Henry K	Westmoreland
SHERMAN, MD, Hugh I	Mifflin/Juni
SHERMAN, MD, M Jackson	Philadelphia
SHERMAN, MD, Randall L	Allegheny
SHERMAN, MD, Samuel	Allegheny
SHERRY, MD, Michael M	Allegheny
SHERRY, MD, Sol	Philadelphia
SHERTZER, MD, John H	Lancaster
SHERWIN, MD, Edward A	Lackawanna
SHERWIN, MD, Gerald P	Lehigh
SHERWIN, MD, Roberta	Philadelphia
SHERWIN, MD, William K	Montgomery
SHERWOOD, MD, Arthur W	Wyoming
SHERWOOD, MD, John W	Luzerne
SHETE, MD, Leena P	Westmoreland
SHETTER, MD, Thomas G	Butler
SHETTY, MD, Ashok K	Westmoreland
SHETTY, MD, Karunakar S	Westmoreland
SHETTY, MD, Narayan	Beaver
SHETTY, MD, Ratnakar S	Beaver
SHETZLEY, MD, Carl M	Bucks
SHEVCHIK, MD, Grant J	Westmoreland
SHIEH, MD, Kan C	Lehigh
SHIELDS, MD, Jerry A	Philadelphia
SHIELDS, MD, John J	Montgomery
SHIELDS, MD, Lee H	Dauphin
SHIELDS, MD, Mary S	Lehigh
SHIELDS, MD, Ralph L	Northampton
SHIELDS, MD, Thomas J	Montgomery
SHIELDS JR, MD, Richard A	Philadelphia
SHIM, MD, Chungja C	Venango
SHIN, ALEXANDER Y	Student
SHIN, MD, Grace E	Montgomery
SHIN, MD, Hee Joon	Northampton
SHIN, MD, Maung T	Erie
SHINDEL, MD, James H	Blair
SHINDLER, MD, Robert L	Dauphin
SHINGALA, MD, Arun J	Lackawanna
SHINGLES, DO, David J	Lehigh
SHINNICK, DO, James P	Philadelphia
SHIPKOVITZ, MD, Harvey D	Allegheny
SHIPLEY, MD, Alan E	Erie
SHIPPEN, MD, Eugene R	Berks
SHIREY, MD, Elaine D	Philadelphia
SHIREY, MD, Pamela S	Venango
SHISHAK, MD, Aryo A	Wayne/Pike
SHISLER, MD, Frederick H	Montgomery
SHIVDE, MD, Pinakini	Erie
SHLOMCHIK, MD, Seymour	Philadelphia
SHMOKLER, MD, Leon	Philadelphia
SHMOKLER, MD, Mitchell F	Delaware
SHOAFF, MD, Paris A	Lawrence
SHOCKMAN, MD, Joel	Philadelphia
SHOEMAKER, MD, David M	Bucks
SHOEMAKER JR, MD, Lester E	Bucks
SHOENBERGER, DOUGLAS C	Student
SHOENER, MD, John A	Allegheny
SHOENTHAL, MD, William J	Bucks
SHOFF, MD, William H	Dauphin
SHOLDER, MD, Arnold J	Allegheny
SHOLEHVAR, MD, Javad	Lehigh
SHONBERG, MD, Barbara H	Bucks
SHONBERG, MD, Irving L	Allegheny
SHONNARD, MD, John W	Venango
SHOOK III, MD, Willis D	Allegheny
SHOOP, MD, Jon D	Montour
SHOPE, MD, Earl S	Cambria
SHOPE, MD, William B	Westmoreland
SHORE, DO, Eric E	Philadelphia
SHORE, MD, George R	Allegheny
SHORE, LINDA J	Student
SHORE, MD, Neal A	Philadelphia
SHORE, MD, Paul D	Delaware
SHORE, MD, Robert A	Montgomery
SHORE, MD, Roger J	Allegheny
SHORE, MD, Seymour M	Philadelphia
SHORE, MD, Sidney	Montgomery
SHORE, MD, Stephen R	Lehigh
SHORT, MD, Glenn M	Lehigh
SHOUP, MD, George D	Philadelphia
SHOURAIE, MD, Zarrin	Philadelphia
SHOVLIN, MD, John M	Lackawanna
SHOWAN, MD, Ann M	Bucks
SHRAGER, MD, Morton W	Philadelphia
SHROFF, MD, Farook K	Luzerne
SHU, MD, Chia S	Lycoming
SHUBERT, MD, Edward	Erie
SHUBIN, MD, Harry	Philadelphia
SHUE, MD, William M	York
SHUGAR, MD, Gary L	Berks
SHUGERT, MD, Guy S	Beaver
SHUGERT, MD, John H	Beaver
SHUKLA, MD, Rohitkumar S	Franklin
SHULKIN, MD, Mark W	Delaware
SHULTZ, MD, Barry S	Berks
SHULTZ, MD, Margarita M	Lancaster
SHULTZ, MD, Robert G	Lancaster
SHULTZ, MD, Thomas L	Bucks
SHUMAN, MD, Charles R	Philadelphia
SHUMAN, MD, John F	Berks
SHUMAN, MD, Marla L	Philadelphia
SHUMAN, MD, Nancy A	Berks
SHUPAK, MD, Robt C	Philadelphia
SHUSMAN, MD, Robert S	Delaware
SHUSTER, MD, Eugene	Philadelphia
SHUSTER, MD, Harold F	Philadelphia
SHUSTERMAN, DO, Larry	Delaware
SHUSTERMAN, MD, Richard D	Philadelphia
SHUTTER, MD, Walter D	Westmoreland
SHUTTLEWORTH, MD, Lamont V	Allegheny
SHY, MD, Rosemary R	Philadelphia
SHYAMALAN, MD, Jayalakshmi	Philadelphia
SHYAMALAN, MD, Nelliate C	Philadelphia
SIA, MD, Jose K	Beaver
SIAR, MD, W John	Jefferson
SIBERSKI, MD, John R	Luzerne
SIBINGA, MD, Maarten S	Delaware
SIBLEY, MD, Robert E	Lackawanna
SIBOLBORO, MD, Isabelo Z	Indiana
SICHER, MD, Bruno P	Mckean
SICKEL, MD, Edward F	Dauphin
SICONOLFI, MD, Ernest P	Allegheny
SIDHWA, MD, Dinshaw B	Berks
SIDOR, MICHAEL L	Student
SIDOROV, MD, Jaan E	Montour
SIEBER, MD, William K	Allegheny
SIEGAL, MD, Todd L	Delaware
SIEGEL, MD, Ayn D	Montgomery
SIEGEL, MD, Bernard	Philadelphia
SIEGEL, CHRISTOPHER T	Student
SIEGEL, MD, David M	Allegheny
SIEGEL, MD, Joel	Allegheny
SIEGEL, MD, Joseph F	Washington
SIEGEL, MD, Michael B	Philadelphia
SIEGEL, MD, Paul D	Philadelphia
SIEGEL, MD, Selma F	Allegheny
SIEGEL, MD, Seymour	Philadelphia
SIEGEL, MD, William	Bucks
SIEGELBAUM, MD, Steven P	Dauphin
SIEGER, MD, Charles E	Lehigh
SIEGER, MD, Joseph P	Montgomery
SIEGFRIED, MD, Jay W	Philadelphia
SIEGFRIED, MD, Myrtle M	Lehigh
SIEGLER, MD, Peter E	Philadelphia
SIEGLER, MD, Steve A	Philadelphia
SIEGRIST, MD, J Donald	Lancaster
SIEPER, DO, William J	Westmoreland
SIEPSER, MD, Steven B	Chester
SIESHOLTZ, MD, Thomas S	Bucks
SIEWERS, MD, Christiane	Allegheny
SIEWERS, MD, Ralph D	Allegheny
SIGAFOOS EXEC SEC, SALLY	Lancaster
SIGAL, MD, Samuel H	Philadelphia
SIGEL, MD, Bernard	Philadelphia
SIGLER, MD, Miles H	Philadelphia
SIGMUND, MD, William J	Lancaster
SIGNORELLA, MD, Louis	Washington
SIGUENZA, MD, Robert F	Dauphin
SIHA, MD, Victor L	Allegheny
SIKER, MD, Ephraim S	Allegheny
SILBER, DAVID H	Student
SILBER, MD, Steven A	Philadelphia
SILBERBERG, MD, Donald H	Philadelphia
SILBERMAN, MD, David A	Bucks
SILBERMAN, MD, Harvey D	Philadelphia
SILBERMAN, MD, Ira	Philadelphia
SILBERMAN, MD, J Dewolf	Lebanon
SILBERMAN, MD, Leslie J	Allegheny
SILBERMAN, MD, Robert M	Northampton
SILBERSTEIN, MD, Marsha M	Philadelphia
SILBERSTEIN, MD, Stephen D	Philadelphia
SILER, MD, Janet N	Philadelphia
SILIQUINI, MD, John J	Philadelphia
SILK, MD, Raymond E	Philadelphia
SILLA, MD, Enrique B	Philadelphia
SILLARS, MD, Charles H	Montgomery
SILON, MD, Nathaniel	Lehigh
SILVER, MD, Barry A	Montgomery
SILVER, MD, Bernice S	Philadelphia
SILVER, MD, Bruce G	Delaware
SILVER, MD, Frank	Philadelphia
SILVER, MD, Israel O	Dauphin
SILVER, MD, Laurence M	Montgomery
SILVER, MD, Lawrence B	Dauphin
SILVER, DO, Marc R	Philadelphia
SILVER, MD, Richard C	Delaware
SILVER, MD, Stephen C	Delaware
SILVERBERG, MD, Alan	Chester
SILVERBERG, MD, Bruce J	Lehigh
SILVERBERG, MD, Daniel M	Lehigh
SILVERBERG, MD, Jay H	Allegheny
SILVERBERG, MD, Robert L	Berks
SILVERBLATT, MD, Bernard L	Allegheny
SILVERBLATT, MD, Marvin L	Allegheny
SILVERIO, MD, John	Chester
SILVERMAN, MD, Alan R	Allegheny
SILVERMAN, MD, Alexander	Allegheny
SILVERMAN, MD, Edward J	Berks
SILVERMAN, MD, Howard A	Lehigh
SILVERMAN, MD, Jerry D	Allegheny
SILVERMAN, MD, Joseph S	Blair

SILVERMAN, DO, Marvin J	Delaware
SILVERMAN, MD, Mendel	Allegheny
SILVERMAN, MD, Morton I	Lehigh
SILVERMAN, MD, Morton L	Montgomery
SILVERMAN, MD, Robert B	York
SILVERMAN, MD, Stanley P	Montgomery
SILVERMAN, MD, William H	Northampton
SILVERMAN, MD, William S	Philadelphia
SILVERS, MD, Abigail A	Montgomery
SILVERS, MD, Arthur H	Delaware
SILVERSTEIN, MD, Alan J	Allegheny
SILVERSTEIN, MD, Charles E	Allegheny
SILVERSTEIN, MD, Daniel K	Luzerne
SILVERSTEIN, MD, David H	Cambria
SILVERSTEIN, MD, Judith L	Allegheny
SILVERSTEIN, MD, Leonard I	Philadelphia
SILVERSTINE, MD, Leslie B	Mckean
SILVESTRI, MD, Archimede J	Philadelphia
SILVIS, MD, Harry J	Washington
SIM, MD, Hyun S	Armstrong
SIMAN, MD, Bernard	Philadelphia
SIMASEK, MD, Madeline	Allegheny
SIMENHOFF, MD, Michael L	Philadelphia
SIMENSON, MD, Robert A	Philadelphia
SIMKINS, MD, Jo M	Allegheny
SIMMONDS, MD, Mary A	Dauphin
SIMMONDS, MD, Robert T	Allegheny
SIMMONS, MD, David	Chester
SIMMONS, MD, Rob D	Allegheny
SIMMS, MD, George R	Dauphin
SIMON, MD, Edward M	Schuylkill
SIMON, MD, Nicolas V	York
SIMON, MD, William H	Philadelphia
SIMONE, MD, Frank J	Indiana
SIMONE, MD, Samuel T	Allegheny
SIMONI, MD, Eugene J	Bucks
SIMONIAN, MD, Simon J	Philadelphia
SIMONS, MD, Carl I	Bucks
SIMONS, MD, Howard M	Philadelphia
SIMONS, MD, Richard J	Dauphin
SIMONS, MD, William M	Monroe
SIMONSEN, MD, Ronald W	Warren
SIMORA, MD, Felix S	Erie
SIMPSON, MD, Joseph W	Philadelphia
SIMPSON, MD, Richard A	Beaver
SIMPSON, MD, Roy W	Lackawanna
SIMPSON, MD, Zachary A	Bucks
SIMS, MD, Lydia F	Allegheny
SINAIKO, MD, Peter A	Bucks
SINCAVAGE, MD, Joseph T	Allegheny
SINCHIOCO, MD, Ceferino S	Allegheny
SINCLAIR, MD, Catherine P	Washington
SINCLAIR, MD, Michael C	Lehigh
SINCLAIR, MD, Sydney E	Lycoming
SINGER, MD, Barry L	Montgomery
SINGER, MD, Daniel I	Philadelphia
SINGER, MD, Edward S	Philadelphia
SINGER, MD, Irvin	Philadelphia
SINGER, JEFFREY L	Allegheny
SINGER, MD, Jerome	Delaware
SINGER, MD, Jerry R	Westmoreland
SINGER, PAUL S	Student
SINGER, MD, William H	Lehigh
SINGER-GRANICK, MD, Carol J	Allegheny
SINGH, MD, Ajay P	Somerset
SINGH, MD, Amarjeet R	Beaver
SINGH, AMITABH	Student
SINGH, MD, Arvind K	Lackawanna
SINGH, MD, Bijai B	Indiana
SINGH, MD, Datar	Allegheny
SINGH, MD, Dilbagh	Mckean
SINGH, MD, Gurcharan	Philadelphia
SINGH, MD, Gurdial N	Northmbrland
SINGH, MD, Malkit	Fayette
SINGH, MD, Navjeet	Philadelphia
SINGH, MD, Rajendra	Schuylkill
SINGH, MD, Ravi S	Erie
SINGH, MD, Sawraj	Montgomery
SINGH, MD, Surender	Lancaster
SINGH, TEJINDER P	Allegheny
SINGLEY, MD, Thomas L	Beaver
SINHA, MD, Vinaya K	Northampton
SIPES, MD, Earl K	Lehigh
SIRIO, MD, Carl A	Dauphin
SIROTNAK, MD, John J	Lackawanna
SITARIK, JOHN J	Allegheny
SIU, MD, Clare C	Wayne/Pike
SIVAK, MD, Stanley J	Warren
SIVENDRAN, MD, Tharmalingam	Adams
SIVITZ, MD, Marta E	Philadelphia
SIVITZ, MD, Michael C	Montgomery
SIVULICH, MD, Michael J	Cambria
SKAFF, MD, Kimberly L	Fayette
SKALINA, MD, Stefan M	Delaware
SKARUPA, MD, Steven J	Philadelphia
SKEIST, MD, Barry P	Bradford
SKERRETT, MD, Philip V	Philadelphia
SKETTINO, MD, Joseph A	Lackawanna
SKEZAS, MD, Marion	Allegheny
SKIENDZIELEWSKI, MD, John J	Montour
SKINNER, MD, Douglas V	Allegheny
SKINNER III, MD, Robert W	Lancaster
SKLAROFF, MD, David M	Philadelphia
SKLAROFF, MD, Robert B	Philadelphia
SKOLNICK, MD, Eric T	Philadelphia
SKOLNICK, MD, Kenneth B	Allegheny
SKOLNIK, MD, Neil S	Philadelphia
SKORINKO, MD, Kenneth P	Northampton
SKOVIRA, MD, Edward M	Lackawanna
SKOVRON, MD, Michael	Erie
SKOWRONSKI, MD, Theodore J	Montgomery
SKRENTA, MD, Richard J	Allegheny
SKRENTNY, MD, Thomas T	Blair
SKROMAK, MD, Stanley J	Philadelphia
SKUBICK, MD, Daniel L	Montgomery
SKUTCHES, MD, Joseph M	Northampton
SKVERSKY, MD, Norman J	Philadelphia
SKWEIR, MD, Leon A	Lehigh
SKWIRUT, MD, Frank A	Delaware
SLABIC, MD, Peter P	Erie
SLABIC, MD, Stan F	Erie
SLADEN, MD, Arnold	Allegheny
SLADKIN, MD, Kenneth R	Bucks
SLAGLE, MD, Edward H	Allegheny
SLAMOVITS, MD, Thomas L	Allegheny
SLAP, MD, Joseph W	Philadelphia
SLATER, MD, Harvey	Allegheny
SLATER, MD, Kenneth C	Carbon
SLATER, MD, Robert	Delaware
SLATON, MD, Stephen S	Schuylkill
SLAVEN, MARK E	Allegheny
SLAVIN, MD, James W	Philadelphia
SLAVKIN, MD, Marvin D	Allegheny
SLAYTON, MD, Robert I	Allegheny
SLEASE, MD, Cyrus B	Armstrong
SLEDZ, MD, Ann Marie	Northampton
SLEMENDA, MD, William D	Beaver
SLEZAK, MD, Joseph A	Westmoreland
SLICK, MD, Gregory	Bedford
SLIMAK, MD, Randall E	Philadelphia
SLIMMER JR, MD, Samuel C	Schuylkill
SLIWINSKI, MD, Stanley J	Bucks
SLIZOFSKI, MD, Walter J	Philadelphia
SLOAN, MD, Charles R	Fayette
SLOAN, MD, Dean A	Montgomery
SLOANE, MD, Charles E	Westmoreland
SLOANE, MD, Norman G	Philadelphia
SLOANE, MD, Paul	Philadelphia
SLOCUM, MD, Harold E	Montour
SLOSS, MD, James O	Beaver
SLOTNICK, MD, Victor B	Philadelphia
SLOVAK, MD, James P	Lackawanna
SLOVAK, MD, John P	Lancaster
SLUHOCKI, DO, Mark	Luzerne
SMAHA, MD, Lynn A	Bradford
SMALL, MD, Richard E	York
SMALLOW, STEVAN A	Student
SMART, MD, Lawson C	Crawford
SMELTZER, MD, Kenneth L	Dauphin
SMILEY, MD, Joseph W	Delaware
SMINK JR, MD, Robert D	Delaware
SMITH, MD, A Mitchell	Philadelphia
SMITH, MD, Alvin H	Philadelphia
SMITH, MD, Arthur E	Philadelphia
SMITH, MD, Arthur K	Philadelphia
SMITH, MD, Barton L	Berks
SMITH, MD, Cathy S	Delaware
SMITH, CHARLES E	Allegheny
SMITH, MD, Charles R	Delaware
SMITH, MD, Cleve M	York
SMITH, MD, David A	Dauphin
SMITH, MD, David L	Philadelphia
SMITH, MD, Dean A	Luzerne
SMITH, MD, Dennis R	Union
SMITH, MD, Donald C	Luzerne
SMITH, MD, Donald H	Northampton
SMITH, MD, Edgar C	Delaware
SMITH, MD, Edward G	Mercer
SMITH, MD, Eugene C	Lancaster
SMITH, MD, Gary L	Allegheny
SMITH, MD, Gary M	Luzerne
SMITH, MD, Glenn O	Allegheny
SMITH, MD, Henry F	Luzerne
SMITH, MD, Hobert L	Berks
SMITH, MD, Ian D	Lancaster
SMITH, MD, Ivan S	Montgomery
SMITH, MD, Jack D	Westmoreland
SMITH, DO, James A M	Dauphin
SMITH, MD, James M	Cumberland
SMITH, MD, James W	York
SMITH, DO, Jeffrey S	Greene
SMITH, MD, Jere P	Lehigh
SMITH, MD, John M	York
SMITH, MD, John W	Allegheny
SMITH, MD, Joseph L	Montour
SMITH, MD, Kaighn	Philadelphia
SMITH, KAREN A	Student
SMITH, MD, Keith B	Mercer
SMITH, MD, Maria B	Delaware
SMITH, MD, Mary L	Montgomery
SMITH, MD, Monica E	Philadelphia
SMITH, MD, Ralph W	Philadelphia
SMITH, MD, Raymond L	Berks
SMITH, MD, Raymond M	Lehigh
SMITH, MD, Richard H	Chester
SMITH, MD, Robert A	Delaware
SMITH, MD, Robert G	Warren
SMITH, MD, Robert W	Montgomery
SMITH, MD, Roger M	Montgomery
SMITH, MD, Ronald D	Philadelphia
SMITH, MD, Ronald E	Berks
SMITH, MD, Roy M	Allegheny
SMITH, MD, Russell C	Chester
SMITH, MD, Stephen H	Bucks
SMITH, MD, Thomas W	Jefferson
SMITH, MD, Victoria T	Blair
SMITH, MD, Walter E	Allegheny
SMITH, MD, Walter K	Westmoreland
SMITH, MD, Walter M	Bucks
SMITH, MD, Warren S	Allegheny
SMITH, MD, William D	Delaware
SMITH, MD, William P	Cambria
SMITH, MD, William T	Allegheny
SMITH II, DEANE L	Student
SMITH JR, MD, B Davison	Delaware
SMITH JR, MD, Benjamin V	Allegheny
SMITH JR, MD, Chester L	Monroe
SMITH JR, MD, Edgar C	Philadelphia
SMITH JR, MD, George S	Lehigh
SMITH JR, MD, H Alex	Luzerne
SMITH JR, MD, Harold A	Lancaster
SMITH JR, MD, J Stanley	Dauphin
SMITH JR, MD, James W	Beaver
SMITH JR, JOHN F	Allegheny
SMITH JR, MD, Morgan T	Montgomery
SMITH JR, MD, Perry C	Washington
SMITH JR, MD, Ross H	Allegheny
SMITH JR, MD, Spencer R	Philadelphia
SMOCK, MD, Richard A	Delaware
SMOGER, MD, Barry R	Montgomery
SMOKER, CYNTHIA B	Student
SMOLKO, MD, James M	Dauphin
SMOLKO, MD, James R	York
SMOLKO, MD, Milan J	Lackawanna
SMOYER, MD, Ronald L	Cambria
SMUKLER, MD, Nathan M	Philadelphia
SMULLENS, MD, Stanton N	Philadelphia
SMYTH, MD, Lawrence T	Northampton
SMYTH, MD, William T	Erie
SMYTHE, MD, Peggy A	Allegheny
SNEAD, MD, Kenneth	Warren
SNEDDEN, MD, Hal E	Montgomery
SNEED, MD, Audrey G	Philadelphia
SNEFF, MD, Eugene M	Blair
SNIDER, MD, B Leonard	Erie
SNITZER, MD, Arnold J	Allegheny
SNODGRASS JR, MD, W Homer	Allegheny
SNOVER, MD, Seth W	Montour
SNOW, MD, Daniel S	Erie
SNOW, MD, Laurence H	Philadelphia
SNOW, MD, Ross A	Erie
SNOW JR, MD, James B	Philadelphia
SNYDER, MD, Allen P	Allegheny
SNYDER, MD, Arthur R	Philadelphia
SNYDER, MD, Barry J	Bucks
SNYDER, MD, Barry J	Clarion
SNYDER, DO, Christopher M	Dauphin
SNYDER, MD, Diehl M	Lebanon
SNYDER, MD, Earl J	Lebanon
SNYDER, MD, Harry D	Montgomery
SNYDER, MD, Henry R	York
SNYDER, MD, Herbert D	Lancaster
SNYDER, MD, John J	Dauphin
SNYDER, MD, John M	Northampton
SNYDER, MD, Kerman	Philadelphia
SNYDER, MD, Marsha W	Chester
SNYDER, MD, Marvin C	Carbon
SNYDER, MD, Randall W	Lackawanna
SNYDER, MD, Richard C	Allegheny
SNYDER, DO, Richard K	Lehigh
SNYDER, MD, Richard L	Lancaster
SNYDER, MD, Richard W	Montgomery
SNYDER, MD, Robert J	Lehigh
SNYDER, MD, Robert L	Northampton
SNYDER, MD, Stanley	Lehigh
SNYDER, MD, Stuart	Philadelphia
SNYDER III, MD, Howard M	Philadelphia
SNYDER JR, MD, Charles F	Northampton
SNYDER JR, MD, Charles P	Westmoreland
SNYDERMAN, MD, Ruben	Allegheny
SNYDMAN, MD, Leonard	Philadelphia
SOBELMAN, MD, Paul B	Lancaster
SOBER, MD, Diane M	Allegheny
SOBIESKI, MD, Joseph	Cambria
SOBOL, MD, Bernard H	Washington
SOCRATES, MD, Jesus F	York
SODEMAN, MD, William A	Philadelphia
SODUMS, MD, Marcis T	Lackawanna
SOFFE, MD, Alvin M	Philadelphia
SOFFER, MD, Marvin	Philadelphia
SOFFIETTI, MD, John H	Butler
SOFFRONOFF, MD, Pierce	Allegheny
SOHN, MD, William J	Montgomery
SOISSON JR, MD, Ferdinand L	Cambria
SOKALCHUK, MD, Andrew	Philadelphia
SOKIL, MD, Alexis B	Philadelphia
SOKOL, MD, Joel H	Delaware
SOKOLOFF, MD, Mark I	Armstrong
SOLAN, MD, Merrill J	Delaware
SOLANO JR, MD, Francis X	Allegheny
SOLBERG, MD, Byrne L	Delaware
SOLI, MD, Soleiman M	Philadelphia
SOLIC, MD, John J	Centre
SOLIMAN, MD, Ezzat M	Wyoming
SOLIMAN, MD, Manal D	Chester
SOLIS, MD, J Andrew	Philadelphia
SOLISH, MD, Lawrence	Philadelphia
SOLIT, MD, Robert W	Philadelphia
SOLL, MD, David B	Philadelphia
SOLLENBERGER, MD, Larry L	Dauphin
SOLLENBERGER, LAURA B	Student
SOLLER, MD, Herbert I	Dauphin
SOLNICK, MD, Paul B	Philadelphia
SOLOFF, MD, Cynthia H	Allegheny
SOLOFF, MD, Paul H	Allegheny
SOLOMITO, ALBERT L	Student
SOLOMON, MD, Cynthia A	Luzerne
SOLOMON, DO, Dennis R	Philadelphia
SOLOMON, MD, Elias M	Lancaster
SOLOMON, MD, Jason H	Philadelphia
SOLOMON, MD, Macy B	Chester
SOLOMON, MD, Mark P	Philadelphia
SOLOMON, MD, Neil J	Allegheny
SOLOMON, MD, Samuel J	York
SOLOMON, MD, Solomon D	Adams
SOLOMON, MD, Stephen J	Lebanon
SOLOSKO, MD, David	Allegheny
SOLOT, DO, Jerald A	Allegheny
SOLOW, MD, Edward A	Philadelphia
SOLOW, MD, Irwin A	Allegheny
SOLTER, MD, Alan W	Allegheny
SOLWAY, MD, Sydney A	Westmoreland
SOMA, MD, Joseph J	Lackawanna
SOMANI, MD, Jagdish P	Allegheny
SOMANI, MD, Nirmala	Allegheny
SOMASUNDARAM, MD, Anasuya	Northampton
SOMERS, MD, Herbert J	Philadelphia
SOMERS, MD, Laurence A	Philadelphia
SOMERS, MD, Robert G	Philadelphia
SOMERS, MD, William R	Lycoming
SOMMA, MD, Richard M	Luzerne
SOMMARIPA, MD, Amory M	Philadelphia
SOMMER, MD, Deborah L	Allegheny
SOMMER, MD, John T	Delaware
SOMMER, MD, Steven E	Philadelphia
SOMMER, MD, Vicki M	Blair
SOMMERFELD, MD, James P	Lawrence
SOMMERVILLE, MD, Kenneth W	Lebanon
SON, MD, Daniel L	Luzerne
SON, MD, Kenneth A	Luzerne
SONBOLIAN, MD, Nasser	Allegheny
SONDER, MD, Max J	Philadelphia
SONDHEIMER, MD, Steven J	Philadelphia
SONG, MD, Michaela C	Philadelphia
SONG, MD, Sang W	Bucks
SONG, MD, Steven S	Montgomery
SONG, MD, Young J	Westmoreland
SONG, MD, Yung-Doo	Philadelphia
SONGSANAND, MD, Prachark	Allegheny
SONNE, MD, John C	Philadelphia
SONNEBORN, MD, Duane G	Philadelphia
SONSINI, MD, Gregg A	Philadelphia
SONTHEIMER, MD, Gary G	Fayette
SOPCHAK, MD, Michael A	York
SOPHER, MD, Roger L	Philadelphia
SOPPAS, MD, Despina	Delaware
SORARUF IV, MD, Louis P	Chester
SORBER, MD, Jon A	Wyoming
SORBER, MD, William A	Lycoming
SORENSEN, MD, Alfred L	Washington
SORG, MD, Maurus L	Elk/Cameron
SORIANO, MD, Clever S	Allegheny
SORIANO, MD, Manuel G	Elk/Cameron
SORICELLI, MD, Richard R	Delaware
SOROKANICH, MD, Stephen	Northampton
SORR, MD, Edward M	Allegheny
SOSIS, MD, Arthur C	Lehigh
SOSS, DO, Murray C	Philadelphia
SOTO, MD, Angela M	Dauphin
SOTOMAYOR, MD, Antonio E	Berks
SOTOODEHFAR, MD, Rahim	Allegheny
SOTOS, MD, L Nicholas	Armstrong
SOTOS, MD, Peter N	Armstrong
SOTOS, MD, Steven N	Allegheny
SOTUS, MD, Peter C	Mercer
SOUDER, MD, C Lawrence	Lehigh
SOUDER, MD, Francis R	Bucks
SOUDER, MD, Ronald L	Bucks
SOUDERS, MD, Thomas B	Berks
SOUILLIARD, MD, Donald H	Bucks
SOUNDARARAJAN, MD, Ranganatha	Lycoming
SOUSER, MD, Roslyn C	Montgomery
SOUTHWORTH-HASSEL, MD, Patricia A	Berks
SOVETSKY, DO, Charles L	Delaware
SOWERBY JR, MD, George W	Philadelphia
SOWERS, MD, John W	Franklin
SPADARO, MD, Donna P	Allegheny
SPADONI, MD, Joseph L	Northampton
SPADY, MD, Michael L	Philadelphia
SPAETH, MD, George L	Philadelphia
SPAETH JR, MD, H Joseph	Dauphin
SPAGNA, MD, Paschal M	Philadelphia
SPAHR, MD, Robert C	Montour
SPANARD, MD, Russell A	Allegheny
SPANDORFER, JOHN M	Student
SPANGLER, MD, John G	Montour
SPANGLER, DO, Martin L	Berks
SPANIER, MD, Gail J	Beaver
SPANNUTH, MD, John R	Berks
SPANO, MD, Anselmo V	Delaware
SPANOGIANS, MD, Angelo J	Washington
SPEACE, MD, George F	Luzerne
SPEAR, MD, Barbara A	Bucks
SPEARS, MD, Laura S	York
SPEARS, MD, Paul F	York
SPECTER, MD, Jacob	Philadelphia
SPECTER, MD, Janet S	Philadelphia
SPECTOR, MD, Gus	Chester
SPECTOR, DO, Howard L	Luzerne
SPECTOR, MD, Martin	Philadelphia
SPECTOR, MD, Scott M	Philadelphia
SPEEDY, MD, Harry W	Westmoreland

SPEER, MD, Andrew B	Allegheny
SPEERS, MD, Herbert K	Bucks
SPEIDEL, MD, Francis X	Chester
SPELLER, MD, J Finton	Philadelphia
SPENCE, DO, Michael W	Monroe
SPENCER, MD, Donald Lynn	Chester
SPENCER, MD, H Newton	Delaware
SPERLING, MD, Herbert V	Allegheny
SPIEGEL, MD, Daniel	Allegheny
SPIEGEL, MD, Edward P	Bucks
SPIEGEL, MD, Joseph R	Philadelphia
SPIELMAN, MD, Scott R	Philadelphia
SPILLMAN, MD, Murray K	Lancaster
SPILSBURY, MD, Paul R	Montour
SPINA, MD, Carmen M	Butler
SPINA, MD, Nancy R	Butler
SPINA JR, MD, Joseph	Delaware
SPINNER, MD, Morton H	Monroe
SPINNEY, MD, Carmen E	Lycoming
SPINO, MD, Pascal D	Westmoreland
SPIRT, ADRIENNE A	Student
SPITLER III, MD, William M	Lancaster
SPITZ, MD, Eugene B	Philadelphia
SPITZ, MD, Lawrence K	Philadelphia
SPITZER, MD, Stanley	Philadelphia
SPIVACK, MD, Jack	Bucks
SPLAIN, DO, Dennis J	Lehigh
SPOCK, MD, Nicholas	Northmbrland
SPOEHR, MD, Luther W	Allegheny
SPOLL, DO, Edward A	Northampton
SPONSLER, TODD A	Student
SPOTTS, MD, Ricke L	Lebanon
SPRANDIO, MD, John D	Philadelphia
SPRATT, MD, Charles E	Montgomery
SPRATT, MD, Robert H	Montgomery
SPRECHER JR, MD, Omer D	Franklin
SPRINGER, MD, Jay M	Montgomery
SPRINGER, MD, Roy A	Greene
SPRINGER, SARAH H	Allegheny
SPRINGER III, MD, Robert M	Lancaster
SPRITZER, MD, Susan M	Allegheny
SPROWLS, MD, Jay R	Washington
SQUADRITO, MD, James F	Delaware
SQUADRITO JR, MD, James F	Montgomery
SQUIRES, MD, Kathleen E	Philadelphia
SRIDHARA, MD, C R	Philadelphia
SRIHARSHA, MD, Patalam S	Columbia
SRINIVASAGAM, MD, Narasimman	Allegheny
SRINIVASAN, MD, Venkatraman	Lycoming
SRITULANONDHA, MD, Nowaratana	Lancaster
SRIVASTAVA, MD, Sheonath P	Cambria
SRODES, MD, Charles H	Allegheny
SROUJI, MD, Maurice N	Philadelphia
SROUJI, MD, Samir J	Dauphin
SROUR, MD, James W	York
SRUR, MD, Jimmy S	Lebanon
ST ANDRE, MD, Mary L	Allegheny
STAAB, JEFFREY P	Allegheny
STAAS JR, MD, William E	Philadelphia
STABILE, MD, Jerome G	Northampton
STACHER, MD, Eric D	Greene
STACHURA, MD, Irene	Allegheny
STACK, MD, William T	Philadelphia
STACKHOUSE, MD, Duane E	Northampton
STACKOWSKI, MD, Maryjane	Union
STACKS JR, MD, Jacob C	Dauphin
STADER, MD, Richard O	Franklin
STADTMILLER, MD, Richard J	Cambria
STAEBLER, MD, Robin J	Berks
STAFFARONI, MD, Mark A	Lehigh
STAFFEN, ROBERT N	Student
STAFFORD, MD, Calvin R	Delaware
STAFFORD, MD, Regis W	Allegheny
STAHL, MD, Robert W	Dauphin
STAHL, MD, Russell F	Philadelphia
STAHLE, MD, Dale C	Dauphin
STAHLMAN, MD, Frederick B	Clarion
STAHLMAN, MD, Roy A	Lancaster
STAHLNECKER, MD, C Stephen	Delaware
STAINBACK, MD, William C	Montgomery
STALEY, MD, Robert W	Allegheny
STALTER, MD, Ralph J	Allegheny
STALTERI, DO, Michael F	Dauphin
STAMAN, MD, Harry	Allegheny
STAMATAKOS, MD, Michael J	Lehigh
STAMM, MD, Barry D	Erie
STANCOMBE, MD, Wesley R	Northampton
STANEK, MD, Marjorie A	Philadelphia
STANEK, MD, Robert	Philadelphia
STANGER, MD, Robert H	Allegheny
STANISH, MD, Stanley M	Luzerne
STANITSKI, MD, Carl L	Allegheny
STANK, MD, Thomas M	Philadelphia
STANKO, MD, Kenneth M	Allegheny
STANKOVIC, MD, Ljubisa	Dauphin
STANTON JR, MD, James N	Allegheny
STANTON JR, MD, John J	Philadelphia
STANULONIS, MD, Stanley W	Schuylkill
STAPLES, MD, Herman D	Delaware
STAPP, MD, Harriet L	Montgomery
STARCHER, DO, Sam G	Fayette
STARER, MD, Larrimore J	Delaware
STARK, MD, Bruce I	Philadelphia
STARKEY, MD, Ralph H	Montour
STARKWEATHER, MD, George A	Delaware
STAROSCIK, MD, Rudolf N	Philadelphia
STARR, MD, Isaac	Philadelphia
STARRELS, MD, Michael E	Bucks
STARRELS, MD, Sidney H	Philadelphia
STARSNIC, MD, Mary A	Philadelphia
STARUNKO, MD, Basilio	Philadelphia
STARZ, MD, Terence W	Allegheny
STARZL, MD, Thomas E	Allegheny
STASCHAK, MD, Michael C	Allegheny
STASIK JR, MD, John J	Lehigh
STAUB, MD, Alice W	Philadelphia
STAUB, MD, Jonathan S	Allegheny
STAUB JR, MD, Carl A	Delaware
STAUFFER, MD, Harold E	Lancaster
STAUFFER, MD, Richard A	Northampton
STAUFFER, MD, Stanley S	Northampton
STAVISH, MD, Philip C	Berks
STAVRIDES, MD, Alexander	Allegheny
STEC, MD, Eugene G	Lackawanna
STECKEL, MD, Alan J	Allegheny
STECKEL, MD, Donald C	Union
STEED, MD, David L	Allegheny
STEEGER, MD, Joseph R	Philadelphia
STEEL, MD, Howard H	Philadelphia
STEELE, MD, John E	Carbon
STEELE, MD, John F	Mercer
STEELE, DO, Kirth W	Northampton
STEELE, MD, Logan H	Allegheny
STEELMAN, DO, Joseph E	York
STEEN, MD, Oliver T	Allegheny
STEERMAN, MD, Paul H	Philadelphia
STEERS, MD, William D	Allegheny
STEFANELLI, MD, James L	Philadelphia
STEFANIK, MD, David	Cambria
STEFANYSZYN, MD, Mary A	Philadelphia
STEFFENS, MD, Arnold O	Montgomery
STEGURA, MD, Barney A	Luzerne
STEHLE, N SCOTT	Student
STEHMAN, DO, Glenn R	Luzerne
STEIER, DO, Kenneth J	Philadelphia
STEIGERWALT, MD, John L	Montgomery
STEIKER, MD, Daniel D	Philadelphia
STEIN, MD, Alan H	Cambria
STEIN, MD, Arthur V	Lehigh
STEIN, MD, Barry D	Montgomery
STEIN, BETSY A	Student
STEIN, BRADLEY D	Allegheny
STEIN, DAGMAR	Student
STEIN, MD, Eleanor R	Dauphin
STEIN, MD, Franklin M	Philadelphia
STEIN, MD, George N	Philadelphia
STEIN, MD, Harmon C	Bucks
STEIN, MD, Herbert	Philadelphia
STEIN, HOWARD M	Dauphin
STEIN, MD, Hymen D	Philadelphia
STEIN, MD, Irvin	Philadelphia
STEIN, MD, Natalio	Philadelphia
STEIN, MD, Raymond O	Philadelphia
STEIN MD, Richard N	Northampton
STEIN, MD, Robert S	Northampton
STEIN, MD, Seymour	Philadelphia
STEIN, MD, Stanley I	Northampton
STEIN JR, MD, Donald B	Delaware
STEINBERG, MD, Abraam	Allegheny
STEINBERG, MD, Arthur	Philadelphia
STEINBERG, MD, Dean A	Bucks
STEINBERG, MD, Joel S	Philadelphia
STEINBERG, MD, Marvin E	Philadelphia
STEINBERG, MD, Nathan	Philadelphia
STEINBERG, MD, Stanley B	Philadelphia
STEINBERG, MD, William J	Philadelphia
STEINBOOK, MD, Melvin	Northampton
STEINBRINK, MD, William H	Erie
STEINDEL, MD, Carl R	Lackawanna
STEINER, CRAIG M	Allegheny
STEINER, MD, Daniel R	Allegheny
STEINER, MD, Victoria E	Berks
STEINFELD, MD, Michael L	Allegheny
STEINFELD, MD, Richard I	Mercer
STEINGARD, MD, Joseph J	Philadelphia
STEINMAN, MD, Arnold M	Allegheny
STEINMAN, MD, Robert C	Lancaster
STEINMETZ III, MD, Charles G	Philadelphia
STEINMEYER JR, MD, Harry H	Montgomery
STEINOUR, MD, Thomas A	Franklin
STEKERT, MD, Ruth	Bucks
STELLA, MD, Joseph E	Montour
STELLA, MD, Victoria G	Berks
STELLMACHER, MD, Virginia M	Lehigh
STELMACH, MD, Peter G	Berks
STELMACH, MD, W Peter	Berks
STELZER, MD, Frederic A	Lehigh
STEM, MD, Lawrence R	Blair
STEM JR, MD, Theodore B	Westmoreland
STEMMER, DO, Maryellen	Dauphin
STEMMLER, MD, Edward J	Philadelphia
STEMPKOWSKI JR, MD, Joseph J	Allegheny
STENGEL, MD, Robert J	Lancaster
STEPANSKY, MD, David W	Montgomery
STEPANSKY, MD, William	Montgomery
STEPHAN, MD, Thorsten	Allegheny
STEPHENS, MD, Josephine M	Washington
STEPHENS, MD, Marilyn H	Clearfield
STEPHENS JR, MD, Harry W	Lehigh
STEPHENSON, MD, Orlando K	Perry
STEPHENSON, MD, Patricia A S	Bucks
STEPHENSON, MD, Ruth	Philadelphia
STEPPACHER, MD, Lester G	Philadelphia
STEPT, MD, Leonard A	Allegheny
STEPT, MD, Raymond	Allegheny
STEPT, MD, William J	Allegheny
STERLING, MD, Nancy I	Dauphin
STERN, MD, Lillian H	Philadelphia
STERN, MD, Robert M	Allegheny
STERNBERG, MD, Craig D	Philadelphia
STERNBURG, MD, Jon K	Wayne/Pike
STERNLIEB, MD, Jonathan M	Montgomery
STERNLIEB, MD, Sanford B	Luzerne
STETSON, MD, Derwood L	Franklin
STETZ, DO, Drew J	Montour
STEVENS, MD, Bryan J	York
STEVENS, SUZANNE	Student
STEVENSON, ALAN J	Student
STEVENSON, MD, Peter T	Westmoreland
STEVENSON, MD, Richard D	Montgomery
STEVER, DO, Samuel W	Philadelphia
STEWARD JR, MD, Robert E	Clearfield
STEWART, MD, David A	Montgomery
STEWART, MD, Donald J	Allegheny
STEWART, MD, Ellen C	Allegheny
STEWART, MD, James A	Lycoming
STEWART, MD, Mervin S	Allegheny
STEWART, MD, Michael J	Philadelphia
STEWART, MD, Michael P	Lackawanna
STEWART, MD, Patricia E	Montgomery
STEWART, MD, Richard P	Dauphin
STEWART, MD, Russell R	Luzerne
STEWART, MD, Thomas A	Berks
STEWART, MD, William D	Allegheny
STEWART, MD, William P	Philadelphia
STEWART III, DO, Joseph H	Franklin
STEWART JR, MD, William G	Montgomery
STICK, MD, Wesley D	York
STIEF, MD, Michael J	Northmbrland
STIEGEL, MD, Robert M	Beaver
STIERSTORFER, MD, Max J	Lehigh
STIFFEL, MD, Arthur	Philadelphia
STIFFEL, MD, Jerry	Philadelphia
STILE, MD, Sabato A	Westmoreland
STILL, MD, George J	Mckean
STILLEY, MD, John W	Westmoreland
STINE, MD, Amy R	Allegheny
STINELY, MD, Regis W	Washington
STINEMAN, MD, Margaret G	Philadelphia
STISH JR, MD, Anthony G	Luzerne
STITT, MD, Donald G	Mercer
STITT, MD, Hugh I	Armstrong
STJOHN, MD, Kevin B	York
STOCK, MD, Donald H	Philadelphia
STOCK, MD, Margaret E	Allegheny
STOFMAN, MD, Henry C	Philadelphia
STOKAR, MD, Lawrence M	Allegheny
STOKER, MD, John W	Blair
STOKES, MD, Ranjan	Philadelphia
STOLLER, MD, Ronald G	Allegheny
STOLOFF, MD, Irwin L	Philadelphia
STOLTZFUS, MD, Elam R	Union
STOLTZFUS, MD, Virgil D	Lancaster
STOLZ, MD, John C	Berks
STOLZ, MD, Jonathan L	Berks
STOLZER, MD, Bertrand L	Allegheny
STONE, DO, Donald J	Columbia
STONE, MD, Hrant H	Philadelphia
STONE, MD, Robert K	Montgomery
STONE, MD, Walker H	Lycoming
STONE JR, MD, Charles S	Allegheny
STONER, MD, John C	Dauphin
STONER, MD, John G	York
STONER, MD, Max A	Dauphin
STONER, MD, Paul S	Dauphin
STONER, MD, Robert E	Lancaster
STONER JR, MD, Robert R	Dauphin
STOOL, MD, Sylvan E	Allegheny
STOREY, MD, Patrick B	Philadelphia
STORFER, MD, Stephen P	Philadelphia
STORM, MD, Charles T	Delaware
STORY, MD, Nancy S	Lycoming
STOTE, MD, Robert M	Philadelphia
STOTLER, MD, Charles W	Cambria
STOUDT, MD, Donald E	Berks
STOUDT, MD, K Donald	Mercer
STOUDT, DO, Kathy J	Berks
STOUFFER JR, MD, Vance R	York
STOUT, MD, Richard R	Allegheny
STOUT, MD, William J	Lancaster
STOUTENBOROUGH, MD, Kenneth A	Lebanon
STOVER, MD, Donald L	Cambria
STOWELL, MD, Joseph M	Blair
STRACCI, DO, Peter F	Allegheny
STRAKA, MD, John A	Allegheny
STRALEY, MD, Richard K	Lycoming
STRAMAT, MD, John M	Allegheny
STRANGARITY, MD, Joseph W	Berks
STRATFORD, MD, Sandra D	Philadelphia
STRATTON, MD, Henry A	Philadelphia
STRATTON, MD, Robert D	Erie
STRAUB, MD, William H	Allegheny
STRAUS, MD, Barbara L	Dauphin
STRAUSBAUGH, MD, Donald R	York
STRAUSE JR, MD, Harold L	Berks
STRAUSS, MD, Melvin	Dauphin
STRAUSS, MD, Richard E	Bucks
STRAUSS, MD, Robert D	Lehigh
STRAUSSFOGEL, MD, Martin K	Northmbrland
STRAVINO, MD, Vincent D	Northampton
STRAWITZ, MD, Joseph G	Philadelphia
STRAYER, MD, David R	Philadelphia
STREET, MD, Thomas F	Luzerne
STREETS, MD, Gerald M	Philadelphia
STREIFF JR, MD, John J	Erie
STREISFELD, MD, David L	Dauphin
STRELEC, MD, Stephen R	Allegheny
STREMPLE, MD, John F	Allegheny
STRENGE, MD, Henry J	Philadelphia
STRETTON, MD, Jean B	Chester
STREUBERT, MD, George E	Northampton
STRIAR, MD, Jeffrey H	Montgomery
STRICKER, MD, Robert S	Luzerne
STRICKLAND, MD, Mary L	Montour
STRICKLER, MD, Jane A M	Centre
STRIMLAN, MD, C Vaughn	Allegheny
STRINE, MD, James A	Allegheny
STRITE JR, MD, James A	Adams
STRITTMATTER, MD, Isidor T	Philadelphia
STRITTMATTER, MD, John M	Lancaster
STROBEL JR, MD, George E	Berks
STROBOS, MD, Jurriaan T	Philadelphia
STROCK, MD, Bradford K	Dauphin
STROCKBINE, MD, Melvin F	York
STRODE, MD, Marshall D	Chester
STROHLEIN, MD, Stephen S	Monroe
STRONG, DO, Franklin D	Philadelphia
STRONG, MD, George H	Philadelphia
STRONG III, MD, Michael D	Philadelphia
STROTHER, MD, George W	Cambria
STROUD, MD, Hilary A	Allegheny
STROUD III, MD, Morris W	Chester
STROUT, MD, Charles D	Dauphin
STROWHOUER, DO, William J	Delaware
STRUNK, MD, Thomas J	Cambria
STRUNK, MD, William M	Northampton
STRYKER, MD, Allan K	Lycoming
STRYKER, MD, John A	Dauphin
STRZELECKI, MD, Zigmund F	Bucks
STUARD, MD, I Donald	Berks
STUART, MD, John C	Allegheny
STUART, MD, Lorna B	Chester
STUART, MD, Robert B	Erie
STUART, MD, Thomas J	Lancaster
STUBA, MD, Stella	Montgomery
STUBBLEFIELD, MD, James I	Philadelphia
STUBBLEFIELD, MATTHEW S	Allegheny
STUBBS, MD, G Winston	Philadelphia
STUBBS, MD, John J	Allegheny
STUCCIO, MD, Dominick A	Luzerne
STUCCIO, MD, Joseph J	Luzerne
STUDDIFORD, MD, James S	Philadelphia
STUEBBEN, KURT C	Allegheny
STULL JR, MD, Walter F	Lehigh
STULLKEN JR, MD, Edward H	Allegheny
STUPI, MD, Angela M	Allegheny
STUPNIKER, MD, Sonia	Philadelphia
STURGEON JR, MD, John D	Fayette
STURM, MD, Patrick W	Beaver
STURM JR, MD, Charles F	Allegheny
STUTMAN, MD, Fred A	Philadelphia
STUTZ, MD, Martin	Washington
STYPULA, MD, Richard W	Mercer
STYPULA JR, MD, Richard W	Allegheny
SU, MD, Chao C	Philadelphia
SU, MD, Lang-Pao	Lackawanna
SU, MD, Shyh-Min	Allegheny
SUAREZ, MD, Ramon U	Lebanon
SUATONI JR, MD, Frank J	Allegheny
SUBBARAO, MD, Aragam R	Cambria
SUBBIAH, MD, Theuaraya N	Butler
SUBRAMANY, MD, Narayanaswamy	Elk/Cameron
SUGAR, MD, Miklos	Delaware
SUGARMAN, MD, Samuel	Philadelphia
SUGDEN, ANNE E	Allegheny
SUGDEN, MD, William A	Bucks
SUGIURA, MD, Henry T	Philadelphia
SUGIURA, MD, Sumiko M	Philadelphia
SUH, MD, Sang J	Lackawanna
SUK, MD, Jin H	Venango
SUKANICH, MD, Kriengsak	Allegheny
SUKAROCHANA, MD, Kamthorn	Allegheny
SUKERKAR, MD, Niteen N	Franklin
SUKONIK, MD, Joel R	Philadelphia
SULLIVAN, MD, Daniel R	Allegheny
SULLIVAN, MD, Edward M	Delaware
SULLIVAN, MD, Howard E	Montgomery
SULLIVAN, MD, John M	Dauphin
SULLIVAN, MD, Lawrence X	Allegheny
SULLIVAN, MD, Michael T	Clearfield
SULLIVAN, MD, Robert D	Blair
SULLIVAN, MD, Thomas C	Westmoreland
SULLIVAN, MD, William A	Dauphin
SULLIVAN, MD, William H	Philadelphia
SULLUM, MD, Daniel S	Northampton
SULLUM, MD, Jonathan C	Lackawanna
SULTANA, MD, Carmen J	Philadelphia
SULTZ, DO, Marvin E	Philadelphia
SUMMERS, MD, David S	Erie
SUMMERS, MD, Kermit L	Lancaster
SUMMERS, MD, Richard F	Philadelphia
SUMMONS, MD, Howard J	Berks
SUN, MD, Elizabeth A	Montgomery
SUN, MD, Evelyn L	Philadelphia
SUN, NANCY	Allegheny
SUN, MD, William Z	Philadelphia
SUNDERLIN JR, MD, Frederick S	Montour
SUNDERMAN, MD, F William	Philadelphia
SUNDHEIM, MD, James L	Lackawanna

SUNDMAKER, MD, Wilfried K Delaware
SUNG, MD, Chun M Allegheny
SUNG, MD, Duk I Allegheny
SUNG, MD, Lee H Westmoreland
SUNG, MD, Paul P Lawrence
SUNSERI, MARIA J Allegheny
SUPER, MD, Leonid E Philadelphia
SUPERDOCK, DAVID T Student
SUPINSKI, MD, Robert S Potter
SUPPA, MD, Osvaldo S Erie
SUPRYS, MARIANNE J Student
SURKIN, MD, Marc I Delaware
SUSANN, MD, Philip W Erie
SUSEN, MD, Anthony F Allegheny
SUSI, MD, Jesse G Erie
SUSSMAN, MD, David Lehigh
SUSSMAN, MD, Marcel S Philadelphia
SUSSMAN, DO, Mark P Montgomery
SUSSMAN, MD, Nathan Dauphin
SUSSMAN, MD, Sylvia Lehigh
SUSSMANE, MD, Jeffrey B Lancaster
SUTARIA, MD, Hasmukhbhai N Butler
SUTER, MD, Harry J Lycoming
SUTER, MD, Stanley C Lebanon
SUTHAR, MD, Arvind L Mifflin/Juni
SUTHERLAND, MD, Robert D Bucks
SUTHERLAND, MD, Robert M Allegheny
SUTLIFF, MD, Carlene S Dauphin
SUTLIFF, MD, Frederick P Montgomery
SUTNICK, MD, Alton I Philadelphia
SUTTER, MD, Frederick T Philadelphia
SUTTON, MD, Charles A Blair
SUTTON, MD, Paul L Montour
SUTTON, MD, Robert L Allegheny
SUTTON JR, MD, Edward L Butler
SUTTON JR, MD, John C Beaver
SUVARNAKAR, MD, Jawahar N Jefferson
SUWAN, MD, Manee Berks
SUWAN, MD, Nipapan Armstrong
SUWAN, MD, Sakdidej Armstrong
SWAGLER, DO, Curtis P Tioga
SWAIN, MD, Asha L Blair
SWAIN, MD, Pradip K Blair
SWAIN, MD, Stephen S Schuylkill
SWALLOW, DO, William B Union
SWAMI, MD, Kumar Philadelphia
SWAMIDOSS, MD, Stephenson S Dauphin
SWAMY, MD, Mallekarjuna S Allegheny
SWAN, MD, Barbara E Allegheny
SWAN, MD, David M Allegheny
SWAN, MD, Reyer O Lancaster
SWANK, MD, Mark D Northampton
SWANSIGER, MD, Robert J Cambria
SWANSON, MD, Ernest W Mercer
SWANSON, MD, Michael D Allegheny
SWANTEK, DO, Leo J Erie
SWARTZ, MD, Edward F Franklin
SWARTZ, MD, Joel D Philadelphia
SWARTZ, MD, Mark A Luzerne
SWARTZ JR, MD, Oliver H Dauphin
SWEENEY, DO, Edward W Allegheny
SWEENEY, DO, Thomas F York
SWEENEY, MD, William F Allegheny
SWEENEY JR, MD, Francis J Philadelphia
SWEET, MD, William A Berks
SWEGAL, MD, Otto F Allegheny
SWEIGARD, MD, Keith W Montgomery
SWEIGART, MD, Gene M Bradford
SWENSEN, MD, Harold E Allegheny
SWENSEN, MD, Nancy M Allegheny
SWETERLITSCH, MD, Louis H Northampton
SWETERLITSCH, MD, Louis H Allegheny
SWICK II, MD, J Howard Beaver
SWIDWA, MD, Denise M Allegheny
SWIERCZEWSKI, MD, Edward V Westmoreland
SWIFT, MD, Frank L Lackawanna
SWISHER, JOHN W Student
SWISHER, LOICE A Student
SWISHER II, MD, Charles L Lackawanna
SWOBODA, MD, Kathrin E Philadelphia
SY, MD, Janet C Philadelphia
SYBING, MD, Eugenio A Mercer
SYBING, MD, Melita M Mercer
SYKES, DO, Leroy I Dauphin
SYLVESTER, MD, Hans M Philadelphia
SYMONS, MD, John T Blair
SYMS, MD, Charles A Philadelphia
SZABO, MD, Emil R Huntingdon
SZABO, MD, Patricia E Delaware
SZAKACS, MD, Juliana G Beaver
SZAL, MD, Joseph J Philadelphia
SZARKO, MD, Carol J Berks
SZARKO, MD, Frank J Berks
SZARKO, MD, Richard J Dauphin
SZAYNA, MD, Stanley Philadelphia
SZEBENYI, MD, Andrew G Montgomery
SZOKE, MD, Edward E Adams
SZUTOWICZ, DO, Michael P Lancaster
SZYDLOWSKI, MD, Gary W Philadelphia
SZYDLOWSKI, MD, Thaddeus R Lebanon

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TABACHNICK, MD, Theodore M Allegheny
TABAS, MD, Gary Allegheny
TABBY, MD, Sara M Philadelphia
TABLER, MD, Jan B Montgomery
TABOR, MD, Ellen K Allegheny
TACHDJIAN, MD, Vahaken Philadelphia
TACHOVSKY, MD, Thomas J Northampton
TADDONIO, MD, Richard B Bucks
TADDONIO, MD, William S Philadelphia
TAEFFNER, MD, John H Philadelphia
TAFFLIN, DO, Dennis H Bucks
TAFTAF, MD, Mohammad O Lawrence
TAGALA, MD, Praxidio H Clearfield
TAGGART, MD, George W Luzerne
TAGGART, TINA S Student
TAGGERT, MD, Charles Allegheny
TAGHIZADEH, MD, Firooz Fayette
TAHIR, MD, Mahmod A Lehigh
TAIT, MD, Edwin C Montgomery
TAITELBAUM, MD, Ben Allegheny
TAKACH, MD, Stephen J Indiana
TAKAGI, BRIAN K Allegheny
TAKEDA, MD, Misao Philadelphia
TALAGA, MD, Ronald N Wayne/Pike
TALAMO, MD, James M Westmoreland
TALAMO, MD, Mary L Westmoreland
TALAMO, MD, Robert J Westmoreland
TALAMO, MD, Thomas S Westmoreland
TALATI, MD, Dineshkumar C Luzerne
TALBERT, MD, Madonna L Lancaster
TALBOT, MD, Sheryl F Philadelphia
TALBOTT, MD, John B Allegheny
TALENTI, DAVID A Student
TALL, MD, Milton G Allegheny
TALLERICO, MD, Samuel J Allegheny
TALLMAN, MD, Edwin H Berks
TAMA, MD, Lawrence Bradford
TAMAKI, MD, H Tom Montgomery
TAN, MD, Anthony H S Allegheny
TAN, MD, Antonius H Lehigh
TAN, MD, Domingo C Jefferson
TAN, MD, Edwin L Lackawanna
TAN, MD, Isabel G Mercer
TAN, MD, Josephine C Philadelphia
TAN, MD, Lian K Carbon
TAN, MD, Myrna M Philadelphia
TAN, MD, Wilfredo S Erie
TAN, MD, Yoke Y Dauphin
TAN JR, MD, Ramon N Cambria
TANANIS, MD, Anthony A York
TANANIS, MD, Leonard J Schuylkill
TANCOR, MD, Benito Philadelphia
TANKER, DO, Mark S Philadelphia
TANNEHILL, MD, Norman B Allegheny
TANNER, MD, Leonard M Lebanon
TANNING, MD, Howard M Allegheny
TANRIBILIR, MD, Abdul K Columbia
TANTISIRA, MD, Boonrak Allegheny
TANTISIRA, KELAN G Allegheny
TANTISIRA, MD, Somphong Westmoreland
TANTUM, MD, Kermit R Dauphin
TANYOL, MD, Hasib Montgomery
TANZER, MD, Peter P Allegheny
TAPYRIK, MD, Nicholas Beaver
TAR, MD, Leslie Delaware
TARABISHI, MD, Farida N Allegheny
TARABISHI, MD, Mohamed H Allegheny
TARABISHY, MD, Ramsey Dauphin
TART JR, MD, Braston I York
TARWATER, MD, Doyle L Washington
TASMAN, MD, William S Philadelphia
TATARKO, MICHAEL Student
TATE, MD, Frederick J Lehigh
TATE, MD, J Harrison Erie
TATEM 3RD, MD, Henry R Bucks
TATTERSALL, MD, Harold A Monroe
TATUM, MD, James K Beaver
TAUBER, MD, Joseph B Allegheny
TAUBER, MD, Stanley A Philadelphia
TAUBERG, MD, Herbert R Allegheny
TAUS, DO, John K Lehigh
TAVANA, MD, Manoucher Erie
TAVARES, MD, Joao O Erie
TAVARES, MD, Joseph F Allegheny
TAVARIA, MD, Soli Schuylkill
TAX, MD, Richard L Bucks
TAXIN, MD, Richard N Delaware
TAYLOR, MD, Arthur R Lycoming
TAYLOR, MD, Jacqueline Philadelphia
TAYLOR, MD, James A Monroe
TAYLOR, MD, James E Philadelphia
TAYLOR, MD, Marcia R Philadelphia
TAYLOR, MD, Morgan F Beaver
TAYLOR, MD, Philip C Philadelphia
TAYLOR, MD, Trusandra E Delaware
TAYLOR III, MD, James S Dauphin
TAYLOR JR, MD, Elmer J Philadelphia
TAYLOR JR, MD, Fred R Warren
TAYLOR JR, MD, John O Crawford
TAYLOR-TYREE, MD, Gill M Adams
TCHIRKOW, MD, George Allegheny
TCHONG, MD, Kuo-Liang Delaware
TE, MD, Tomas T Bucks
TEANO, MD, Dan A Delaware
TECAU, DO, Robert L Dauphin
TEDESCO, MD, Louis J Luzerne
TEEHAN, MD, Brendan P Montgomery
TEEPLE JR, MD, Edward Allegheny
TEET, MD, Daniel A Allegheny
TEETER, MD, James H Franklin
TEGZES JR, MD, George Allegheny
TEH, MD, Pek C Lawrence
TEICH, MD, Kenneth W Dauphin
TEICH, MD, Stephen M Montgomery
TEICHMAN, MD, Fred Union
TEITELBAUM, MD, Carl Luzerne
TEJPAR, MD, Mohamed K Lawrence
TEMELES, MD, Lawrence Philadelphia
TEMELES, MD, Roy S Allegheny
TEMPLETON, MD, Bryce Philadelphia
TEMPLETON III, MD, John Y Philadelphia
TEMPLETON JR, MD, John M Philadelphia
TEMPLIN JR, MD, William B Cambria
TENDLER, MD, Steven W Montgomery
TENENOUSER, MD, Barry Allegheny
TENICELA, MD, Ruben Allegheny
TENSUAN JR, MD, Leonardo S Somerset
TEPLICK, MD, Joseph G Philadelphia
TEPLIS, MD, Alan C Dauphin
TEPPER, MD, Maurice C Philadelphia
TEPPER, ROBERT E Student
TEREDESAI, MD, Pradip R Allegheny
TERMINI, MD, Joseph T Lehigh
TERNER, MD, Irwin S Allegheny
TERNES, MD, Robert J Franklin
TERRITO, MD, Carla Philadelphia
TERWILLIGER, MD, Jerry W Bradford
TESSARO, MD, Anne N Allegheny
TESSLER, MD, A Robert Philadelphia
TESTA, MD, John W Luzerne
TESTA, MD, Joseph A Westmoreland
TESTER, MD, William J Philadelphia
TETALMAN, MD, Bruce I Allegheny
TETRICK, MD, Elbert L Allegheny
TEUFEL, MD, Severin Montgomery
THAETE, MD, Frank L Allegheny
THAKARAR, MD, Pushpa Chester
THALER, MD, Fred J Allegheny
THALER, MD, Malcolm S Montgomery
THALL, MD, Edmond H Tioga
THAMES, DO, Richard Jefferson
THANE, MD, Thane T Franklin
THANKI, MD, Ashokkumar S Bucks
THEERAKULSTIT, MD, Virachai Allegheny
THEIS, MD, Steven W Allegheny
THEL JR, MD, Henry C Beaver
THEMAN, MD, Terrill E Northampton
THETGYI, MD, Katherine Philadelphia
THEUERKAUF JR, MD, Frank J Erie
THEURKAUF JR, MD, Edward A Chester
THIBOUTOT, DIANE M Student
THIELE, MD, Brian L Dauphin
THIERS, MD, George F Allegheny
THOFT, MD, Richard A Allegheny
THOMA, MD, George M Allegheny
THOMAS, MD, Bruce L Huntingdon
THOMAS, MD, Carmen C Philadelphia
THOMAS, DO, Charles E York
THOMAS, MD, Chester G Dauphin
THOMAS, MD, Christopher W Crawford
THOMAS, MD, David E Allegheny
THOMAS, MD, Eugene L Philadelphia
THOMAS, MD, F Ardell Tioga
THOMAS, MD, George P Carbon
THOMAS, MD, Harold D Washington
THOMAS, MD, Harry L Philadelphia
THOMAS, MD, Henry W Allegheny
THOMAS, MD, James H Westmoreland
THOMAS, JAMES W Student
THOMAS, MD, John M Bradford
THOMAS, MD, John W Allegheny
THOMAS, KATHLEEN M Allegheny
THOMAS, MD, L Martha Ann York
THOMAS, MATTHEW H Student
THOMAS, MD, Nathan O Somerset
THOMAS, MD, Robert D Allegheny
THOMAS, TERENCE N Allegheny
THOMAS, MD, Thomas K Jefferson
THOMAS, MD, Victor J Allegheny
THOMAS JR, MD, David W Clinton
THOMAS JR, MD, George P Carbon
THOMAS JR, MD, Harold D Beaver
THOMAS JR, MD, Howard P Bucks
THOMAS JR, MD, James A Delaware
THOMAS JR, MD, James J Erie
THOMPSON, MD, Bradford R Beaver
THOMPSON, MD, C Fred Northampton
THOMPSON, MD, Carson J Lackawanna
THOMPSON, MD, Dan R Allegheny
THOMPSON, MD, David I Cumberland
THOMPSON, MD, Frank V Northampton
THOMPSON, MD, Herbert Allegheny
THOMPSON, MD, James S Allegheny
THOMPSON, MD, James W Montgomery
THOMPSON, MD, John W Allegheny
THOMPSON, MD, Linda L Beaver
THOMPSON, MD, Mark E Allegheny
THOMPSON, MD, Patreece M Philadelphia
THOMPSON, MD, Peter J Venango
THOMPSON, MD, Robert J Philadelphia
THOMPSON, MD, Robert L Allegheny
THOMPSON, MD, Robert L Cumberland
THOMPSON, MD, T Ewing Allegheny
THOMPSON, MD, William G Allegheny
THOMPSON, MD, William W Elk/Cameron
THONET, MD, Marcel A Philadelphia
THORINGTON, MD, J Monroe Philadelphia
THORNDYKE, MD, Luanne E Philadelphia
THORNE, MD, Charles G Chester
THORNTON, MD, Joseph K Franklin
THORNTON, KAREN E Student
THORNTON III, MD, James J Delaware
THORP, MD, T Ramsey Philadelphia
THORPE, MD, James H Bucks
THORSEN JR, MD, William B York
THORWARTH, MD, William T Philadelphia
THRESHER JR, MD, Oliver S Chester
THURMAN, MD, John N Delaware
THURSTON, MD, Stephen E Montour
TIAN, MD, Will T Mercer
TIBBELS, MD, Ewing W Bucks
TIBBENS, MD, George F Washington
TIBBITTS, MD, James A Lebanon
TIBERIO, MD, Richard A Fayette
TIBURCIO JR, MD, Albino F Butler
TICE, MD, Walter R Bucks
TICKNER, MD, Louis Philadelphia
TICZON, MD, Andres R Allegheny
TIEFF, DO, Michael W Monroe
TIETBOHL JR, MD, Ralph H Berks
TIETJEN, MD, George W Wayne/Pike
TIFFT, MD, Stephen W Lancaster
TIGER, MD, Melvyn E Philadelphia
TIGNOR, MD, Richard F Lycoming
TIHANSKY, MD, Theodore B Schuylkill
TILDON-BURTON, MD, Janice E Philadelphia
TILLGER, MD, John J Philadelphia
TILLMAN JR, MD, Joseph M Philadelphia
TILLY, MD, David A Lehigh
TILTON, DO, Bruce R Chester
TILVA, MD, Praful K Northmbrland
TIMEK, MD, Patricia A Cambria
TIMENS, MD, Lawrence J Cambria
TIMNEY, MD, Thomas E Venango
TINDALL, MD, Dorothy D Montgomery
TINDALL, MD, Herbert L Lancaster
TINDALL, MD, Janice C Lancaster
TINNEY JR, MD, William S Lancaster
TINO, MD, Gregory Philadelphia
TINSLEY, MD, John P Monroe
TIONGCO, MD, Dolores D Centre
TIONGSON, MD, Eleanor S Delaware
TIONGSON JR, MD, Jose G Delaware
TIPPING, MD, James S Allegheny
TIPTON, MD, Raymond L Venango
TIRACCHIA, MD, Joseph Philadelphia
TIRUCHELVAM, MD, Vasudevan York
TISHERMAN, MD, Samuel E Allegheny
TITCHWORTH, MD, Roy L Allegheny
TITUS, MD, Laborde Philadelphia
TOBIA, MD, Enio W Delaware
TOBIAS, MD, Richard B Lycoming
TOBIASZ, MD, Christopher Lycoming
TODARO, MD, Samuel R Lackawanna
TODHUNTER, MD, William D Lycoming
TODOROVSKA, MD, Zagorka Philadelphia
TOFF, DO, Kenneth J Lehigh
TOLAN, MD, Jeffrey R Dauphin
TOLAND, MD, Joseph C Philadelphia
TOLAND, MD, Joseph J Philadelphia
TOLAT, MD, Pratima R Philadelphia
TOLBERT-WALKER, DERRICK J Allegheny
TOLEDO, MD, Francisco L Philadelphia
TOLENTINO, MD, Julian C Butler
TOLENTINO, MD, Pablito L Bucks
TOLEP, MD, Kenneth A Philadelphia
TOLHURST, MD, Kirk D Bradford
TOLIN, FREDRIK P Allegheny
TOLINS, MD, Christine L Tioga
TOLIS, MD, Basile D Blair
TOLL, MD, Norma S Philadelphia
TOLLAND, MD, John T Bradford
TOLLETT, MD, Charles A Philadelphia
TOLMAN, MD, Leon M Armstrong
TOLSCIK, MD, Richard Z Montgomery
TOM, MD, Lawrence W C Philadelphia
TOMARELLI, MD, Raymond C Allegheny
TOMASELLO, MD, Donald N Philadelphia
TOMASI, MD, Samuel J Beaver
TOMASSETTI, MD, Bernard A Philadelphia
TOMASSONI, GERY F Student
TOMAZIC, DO, David R Lackawanna
TOMCI, MD, George E Westmoreland
TOMEDI, MD, John R Luzerne
TOMEO, MD, Michael Montgomery
TOMHAVE, MD, Robert H Cambria
TOMLEY, MD, John E Allegheny
TOMLIN, MD, Joseph Schuylkill
TOMLINSON, MD, John W Bucks
TOMLINSON, MD, John W Delaware
TOMPKINS, MD, H Ernest Montgomery
TONDREAU, MD, Roderick L Philadelphia
TONG, MD, Shiu Y Philadelphia
TONKEN, MD, Harvey Cambria
TONKONOW, MD, William Philadelphia
TONREY, MD, Francis G Luzerne
TONSEY, MD, Habib Philadelphia
TOOR, MD, Shaista N Allegheny
TOOR, MD, Svinder S Montour
TOOZE, MD, Frank M Erie
TOPERZER, MD, Betty C Erie
TORBAN, MD, Clara B Philadelphia
TOREKI, MD, William Bucks
TOREN, MD, Peter C Montgomery
TORET, MD, Michel P Westmoreland
TORI, MD, Joseph N Chester
TORIO, MD, Reynaldo M Westmoreland
TORNETTA, MD, Frank J Montgomery
TOROK, MD, Frank S Washington
TORONY-OKUN, MD, Jeanne A Luzerne

TORPEY JR, MD, David J	Allegheny
TORRENCE, MD, Michael B	Delaware
TORRES, MD, Albert L	Luzerne
TORRES, MD, Flora M	Bedford
TORRES, MD, Julio E	Northampton
TORRES, MD, Robin G	Bedford
TORRES, MD, Victor L	Philadelphia
TORRETI, MARYELLEN A	Student
TORRETTI, MD, Dennis	Montour
TORREY, MD, Edwin H	York
TOSO, MD, Gianfranco F	Berks
TOTINO, MD, Joseph A	Delaware
TOTO, MD, Andrew S	Philadelphia
TOUCH, MD, Ralph J	Lackawanna
TOURIGNY, MD, Paul R	Philadelphia
TOURTELLOTTE, MD, Charles D	Philadelphia
TOUSI, MD, Abbas H	Bedford
TOWNEND, MD, Stephen C	Chester
TOWNSEND, MD, Jay A	Cumberland
TOY, STEPHANIE M	Student
TRACHTE, MD, Thomas P	Berks
TRACHTENBERG, MD, Harry B	Chester
TRACHTENBERG, MD, Lee A	Allegheny
TRACHTENBERG, MD, William M	Lehigh
TRACY, MD, Gerald P	Lackawanna
TRAGER, MD, Mark A	Philadelphia
TRAIMAN, MD, Richard G	Chester
TRAIN, MD, Henry D	Dauphin
TRAN, MD, George M T	York
TRAN, MD, Ngmia N	Philadelphia
TRAN, MD, Nhung T	Allegheny
TRANG, MD, Lien Bach	Allegheny
TRANOVICH, MD, Michael A	Allegheny
TRANSUE, MD, Seward M	Crawford
TRAUB, MD, Todd S	Venango
TRAUGGER, MD, Patrice M L	Philadelphia
TRAUM, MD, Ronald E	Philadelphia
TRAUPMAN, MD, Arnold F	Northampton
TRAUTLEIN, MD, Joseph J	Dauphin
TRAVALINE, JOHN M	Student
TRAVISANO, MD, Frank J	Dauphin
TREDENNICK, MD, Charles N	Butler
TREDENNICK, MD, John T	Cambria
TREGER, MD, Albert	Allegheny
TREIMAN, ARTHUR M	Student
TRELLIS, MD, Emil S	Allegheny
TREMBLAY, MD, Ernest A	Delaware
TRENT, CRAIG C	Allegheny
TRENT, MD, Douglas E	Clearfield
TRENTO, MD, Alfredo	Allegheny
TRESCOT, MD, Ronald E	York
TREVASKIS, MD, Allan E	Lehigh
TREVI EXEC DIR, JOHN	Philadelphia
TREVISANI, MD, Michael F	Bradford
TREXLER, MD, Ethan L	Berks
TRIANA, MD, Lisette	Delaware
TRIANO, MD, Gene J	Dauphin
TRIBBLE, MD, Jana K	Northampton
TRIBIT JR, MD, Charles B	Philadelphia
TRIBOLETTI, MD, Frances M	Delaware
TRICHTINGER, MD, Martin D	Montgomery
TRIESTER, MD, Arthur N	Philadelphia
TRIFUNOVIC, MD, Robert D	Philadelphia
TRIMMER, MD, Michael N	Allegheny
TRIMMER JR, MD, John H	York
TRIMPI, MD, Howard D	Lehigh
TRINH, MD, Phuong N	Philadelphia
TRINIDAD, MD, Tito B	Clearfield
TRINKLE, MD, Wilmer S	Northampton
TRIPI, MD, Joseph E	Adams
TRIPOLI, MD, Charles J	Washington
TRIPOLI, MD, Louis C	Allegheny
TRISTAN, MD, Theodore A	Dauphin
TRIVEDI, MD, Atul D	Montgomery
TRIVEDI, MD, Gopalkrishna M	Mifflin/Juni
TRIVUS, MD, Robert H	Allegheny
TROEN, MD, Philip	Allegheny
TROIANO, MD, Richard S	Beaver
TROIANOS, MD, Christopher A	Allegheny
TROILO, MD, Camillo T	Fayette
TROLLINGER, MD, Robert J	Philadelphia
TROMPETER, MD, Joseph I	Allegheny
TRONCELLITI, MD, A Wayne	Montgomery
TRONCELLITI, MD, Alfred E	Montgomery
TRONCELLITI, MD, Edward A	Montgomery
TRONCELLITI, MD, Manrico A	Montgomery
TRONCELLITI, MD, Mario V	Philadelphia
TRONZO, MD, Robert D	Allegheny
TROSTLE, MD, David C	Lebanon
TROSTLE, MD, Douglas R	Lehigh
TROTT, EDWARD A	Student
TROTZKY, MD, Margret S	Delaware
TROUT, MD, John A	Westmoreland
TROUT, MD, Robert G	Philadelphia
TROW, MD, Terence K	Philadelphia
TROXEL, MD, Richard S	Lehigh
TROYAN, MD, Beatrice P	Philadelphia
TRUDO, MD, Edward W	Allegheny
TRUE, MD, A Curtis	Bucks
TRUITT, MD, George W	Chester
TRUITT JR, MD, R Marshall	Philadelphia
TRUITTE, MD, David B	Philadelphia
TRUJILLO, MD, Rene	Wyoming
TRUMBORE, MD, David J	Allegheny
TRUMBULL, MD, Horace R	Berks
TRUMP, MD, David H	Dauphin
TRUSCOTT, MD, William R	Montgomery
TRUSKY, MD, Jeanette I	Greene
TRUSNOVIC JR, WILLIAM D	Allegheny
TRUXAL, MD, Blair D	Allegheny
TSAI, MD, Edward M	Indiana
TSAI, MD, Jer-Yuan	Greene
TSAI, MD, Ming C	Blair
TSAI, MD, Ming Che	Erie
TSAI, MD, Yu J	Montgomery
TSAI, MD, Yung-Hsien	Mercer
TSE, K EDMUND	Student
TSE, MD, Rose L	Philadelphia
TSOUTSOPLIDES, MD, George C	Luzerne
TSUNG, MD, Wen-Han	Beaver
TUAN, MD, Bao-Kuen	Lackawanna
TUCH, MD, Arthur F	Delaware
TUCHINDA, MD, Jalit	Allegheny
TUCKER, MD, James N	Allegheny
TUCKER, DO, Marc S	Bucks
TUCKER, MD, Thomas W	Chester
TUDDENHAM, MD, William J	Philadelphia
TUFFAHA, MD, Hani J	Lycoming
TUFFIASH, MD, William A	Lehigh
TUFT, MD, Louis	Philadelphia
TUKANOWICZ, MD, Stanislaw A	Cambria
TUKE, MD, Gregory C	Berks
TULISZEWSKI, MD, Robert M	Adams
TULL, MD, John W	York
TULLAI, MD, John	Delaware
TULLY, MD, Vincent J	Wayne/Pike
TULSKY, MD, Emanuel G	Philadelphia
TUMAIAN, MD, Aram	Delaware
TUMEN, MD, Henry J	Philadelphia
TUMMALAPALLI, MD, Krishnaumurty V	Allegheny
TUNG, MD, Alfred S	Allegheny
TUNICK, MD, Stephen E	Allegheny
TURAKHIA, MD, Bharati V	Philadelphia
TURBESSI, MD, Albert J	Warren
TURCHETTI, MD, Eugene A	Lackawanna
TURCHI, MD, Pierre B	Franklin
TURCO, MD, Philip J	Cambria
TUREL JR, MD, Anthony P	Montour
TURKEWITZ, MD, David	Montour
TURMAN, MD, Christopher	Philadelphia
TURNAMIAN, MD, Richard J	York
TURNBLACER, MD, Charles B	Butler
TURNER, MD, Joseph	Allegheny
TURNER, MD, Keith S	Northampton
TURNER, MD, Margo E	Philadelphia
TURNER, MD, Martha	Philadelphia
TURNER, MD, Morris E	Allegheny
TURNER, MD, Oliver E	Allegheny
TURNER JR, MD, J Ellis	Delaware
TUROCK, MD, Michael J	Lackawanna
TUROCY, JOHN F	Allegheny
TURSKY, MD, Rosemarie J	Dauphin
TURTZO, MD, Douglas F	Northampton
TURULA, MD, Jon B	Lancaster
TUSHIM, MD, Joseph N	Blair
TUTTLE, MD, Alfred	Allegheny
TUTTLE, MD, William B	Allegheny
TWAL, MD, Shafic Y	Indiana
TWARDY, MD, Bernadette E	Philadelphia
TWIGGAR II, MD, Edward V	Northmbrland
TYLER, MD, Allen E	Philadelphia
TYMCHAK, GREGORY T	Allegheny
TYMOCZKO, MD, Robert G	Westmoreland
TYMON, MD, Timothy P	Lancaster
TYNDALL, MD, Christine S	Allegheny
TYNDALL, MD, James A	Dauphin
TYSON, MD, R Robert	Philadelphia
TZANIS, MD, Loucas C	Dauphin
TZARNAS, MD, Chris D	Philadelphia

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UBER, MD, Thomas R	Lawrence
UBERTI-BENZ, MD, Marie O	Montgomery
UBINGER, JEFFREY P	Allegheny
UCMAKLI, MD, Alptekin	Philadelphia
UDARBE, MD, Guillermo G	Elk/Cameron
UDELL, MD, Louis	Philadelphia
UDOMSAK, MD, Paramin	Lackawanna
UDOSHI, MD, Geeta M	Luzerne
UDOSHI, MD, Mallapa B	Luzerne
UFBERG, MD, Michael H	Lehigh
UHL, KATHLEEN D	Student
UHLMAN, MD, Richard C	Chester
UHRICH, MD, Kathryn H	Lebanon
UHRICH, MD, Robert W	Lebanon
UKNIS, AUDREY B	Student
ULASEWICZ, MD, Catherine C	Bucks
ULBRECHT, MD, Jan S	Centre
ULICNY, MD, Thomas L	Allegheny
ULIZIO, MD, Anthony R	Allegheny
ULLAH, MD, Zubair Z	Lebanon
ULRICH, MD, Jack M	Allegheny
ULRICH, MD, Richard G	Dauphin
ULRICH, MD, Samuel D	Dauphin
ULRICH, MD, Wesley D	Delaware
ULUS, MD, Ahmet	Philadelphia
ULUS, MD, Fuat	Blair
UMALI, MD, Idona C	Luzerne
UMAR, MD, Kenan	Montgomery
UMEH, MD, Onuorah I	Philadelphia
UMLAUF, MD, Charles W	Lehigh
UMPIERRE, MD, Anthony H	Berks
UNDERHILL, MD, William L	Erie
UNDERWOOD, MD, Mara Z	Montgomery
UNGAR-SARGON, MD, Julian Y	Delaware
UNGER, MD, Andrew	Northampton
UNGER, MD, Michael	Montgomery
UNTEREKER, MD, William J	Philadelphia
UPDEGRAFF, MD, William C	Allegheny
UPDEGROVE, MD, John H	Northampton
UPDEGROVE, MD, Robert A	Lycoming
UPDIKE JR, MD, Furman T	York
URAM, MD, Herbert	Allegheny
URBACH, MD, Frederick	Montgomery
URBACH, MD, John R	Philadelphia
URBAN, MD, Clifford H	Chester
URBAN, MD, Donald G	Cumberland
URBAN, MD, Mark A	Philadelphia
URBAN, MD, Rena L	Allegheny
URBAN, MD, Richard S	Allegheny
URBAN, MD, Robert R	Westmoreland
URBANO, MD, Tomas H	Allegheny
URBANSKI, DO, Leonard F	Blair
URBANSKI, MD, Timothy E	Montgomery
URI, MD, Andrew J	Philadelphia
URIBE, MD, Alexander	Delaware
URICCHIO, MD, Joseph F	Philadelphia
UROSKIE, MD, Theodore W	Lackawanna
URREA, MD, J Oscar	Allegheny
USHINSKI, MD, Stanley C	Luzerne
UTBERG, MD, John R	Allegheny
UTSINGER, MD, Peter D	Montgomery
UY, MD, Henry T	Washington
UY, MD, Nenito P	Chester
UY, MD, Nonita T	Allegheny
UZYCH, MD, Walter	Delaware

V

VACCARELLO, MD, Luis	Allegheny
VACCARO, MD, Philip F	Washington
VACCARO, MD, V Michael	Philadelphia
VACCARO, MD, Vincent M	Delaware
VACHARAT, MD, Nibondh	Philadelphia
VACHRANUKUNKIET, MD, Theerasakid	Philadelphia
VAGANOS, MD, Steve A	Philadelphia
VAGLEY, MD, Richard T	Allegheny
VAHEDI, MD, Houshang M	Montgomery
VAIDYA, MD, Shailendra	Philadelphia
VAKIL, MD, Hassan C	Delaware
VALCARCEL, MD, Sofronio J	Allegheny
VALDERRAMA, MD, Hugo T	Luzerne
VALDES, MD, Conrado A	Mckean
VALDIVIA, MD, Duilio E	Mifflin/Juni
VALE, ROBERT M	Student
VALE, STEVEN	Student
VALENA, MD, Elena V	Mercer
VALENA, MD, Loe V	Mercer
VALENCIA, MD, Celedonio C	Berks
VALENTE, ANTHONY F	Student
VALENTE, MD, Philip T	Philadelphia
VALENTI, MD, John T	Luzerne
VALENTINE, MD, Jerome D	Philadelphia
VALENZA, MD, Thomas C	Allegheny
VALERIANO, MD, James P	Allegheny
VALIGORSKY, MD, Paul J	Elk/Cameron
VALKO, MD, Annemarie P S	Allegheny
VALKO, MD, George P	Philadelphia
VALLABH, MD, Sagar V	Mercer
VALLE, MD, Edgar O	Delaware
VALLEJO, MD, Manuel C	Washington
VALLESTEROS, MD, Federico P	Mercer
VALLIAPPAN, MD, Swaminathan	Allegheny
VALLOW, MD, Morton J	Philadelphia
VALVERDE, MD, Mario F	Lackawanna
VAN DE BEEK, MD, M Louis	Philadelphia
VANANTWERP, MD, Kenneth J	Somerset
VANARSDALEN, MD, Keith N	Philadelphia
VANBUSKIRK, MD, Charles	York
VANDAMIA, MD, Donald N	Erie
VANDENBOSCH, MD, John T	Berks
VANDERBEEK, MD, Richard R	Bucks
VANDERHOFF, BRUCE T	Student
VANDERLIN, MD, Robert L	Lycoming
VANDERPOOL, MD, Ramon A	Bucks
VANDERVEER, MD, Joseph B	Montgomery
VANDERVEER, MD, Lindsley D	Northampton
VANDEWATER, MD, Joseph M	Philadelphia
VANDUUREN, MD, Anton	Franklin
VANDYK, MD, Klaas	Westmoreland
VANETT, MD, Bruce B	Delaware
VANGAALEN, MD, Adriaan J	Northampton
VANGIESEN, MD, Peter J	York
VANGORE, MD, Surya K	Philadelphia
VANHOUTEN, MD, Robert J	Adams
VANKIRK, MD, James K	Franklin
VANKIRK JR, JAMES K	Allegheny
VANKIRK JR, MD, John S	Allegheny
VANLOON, MD, Emily L	Philadelphia
VANNORT, JOSEPH J	Student
VANNUCCI, MD, Robert C	Dauphin
VANSANT, MD, Alan E	York
VANSCOTT, MD, Eugene J	Montgomery
VANSTRIEN, MD, Adrian R	Washington
VANVORIS, MD, Lee P	Erie
VANZANTEN, MD, Henry C	Mercer
VARACALLO, MD, Albert L	Jefferson
VARADA, MD, Annapoorna	Philadelphia
VARANO, MD, Lottie A	Dauphin
VARANO, MD, Vincent J	Montour
VARCELOTTI, MD, Jorge R	Erie
VARDARO, MD, Lina G	Philadelphia
VARE JR, MD, Victor B	Montgomery
VARGA, MD, Arthur B	Fayette
VARGA, MD, Jeffrey M	Allegheny
VARINDANI, MD, Mahesh	Allegheny
VARKER, MD, Carolyn B	Philadelphia
VARKER, MD, Mary D	Philadelphia
VARLEY, MD, William J	Allegheny
VARMA, MD, Swarna	Allegheny
VASA, MD, Mark A	Berks
VASILY, MD, David B	Northampton
VASQUEZ, MD, Ramon A	Allegheny
VASSALLO, MD, Richard W	Philadelphia
VASSALLUZZO, MD, Francis J	Bucks
VASSALLUZZO, MD, Julio E	Bucks
VASSALOTTI, MD, Stephen B	Philadelphia
VASTA, MD, Alfred G	Bucks
VASTINE, MD, John R	Northmbrland
VASUDEVAN, MD, Gopalan	Westmoreland
VASUDEVAN, MD, Raghavan	Lycoming
VATAVUK, MD, Mark K	Erie
VATES, MD, Charles W	Allegheny
VAUGHAN, MD, Paul M	Allegheny
VAUGHN, MD, Bradley V	Dauphin
VAUGHN JR, MD, Arthur R	Philadelphia
VAZALES, MD, Brad E	Lancaster
VAZQUEZ, MD, Jorge	Washington
VEENIS, MD, Cornelius Y	Allegheny
VEGA, MD, Rogelio E	Armstrong
VELASCO, MD, Rey	Lehigh
VELAYO, MD, Dante P	Union
VELEZ, MD, Rafael I	Westmoreland
VEMULAPALLI, MD, Kutumbarao	Erie
VEMULAPALLI, MD, Lakshmi R	Erie
VENIER, MD, Leon H	Berks
VENIT, MD, Bethany A	Luzerne
VENTRE, MD, Susan	Lackawanna
VENTURA, MD, Cecilia R	Lackawanna
VENTURA, MD, Samuel R	Lackawanna
VENTURANZA, MD, Lucille E	Philadelphia
VENZON, MD, Norman A	Westmoreland
VERA, MD, Luis F	Philadelphia
VERBINSKI, MD, Ted	Berks
VERBRUGGEN, MD, Hugo C	Northampton
VERCH, DANA R	Student
VERCH, PATRICIA M	Student
VERDECCHIA, MD, Leo M	Erie
VERDI, MD, Carol A	Philadelphia
VERGARE, MD, Michael J	Philadelphia
VERGNE, MD, Raymond	Allegheny
VERMA, MD, Maheshwer B	Northampton
VERMEIRE, MD, David A	Mercer
VERNICK, MD, Clifford G	Lehigh
VERNICK, MD, Jerome J	Philadelphia
VERNINO, DO, Richard J	Allegheny
VERNINO, MD, Rocco A	Allegheny
VERNO, LISA C	Student
VERNOCY, MD, William C	Indiana
VERNOCY, MD, William G	Indiana
VERONESI, DO, John N	Jefferson
VERSAGE, MD, Joseph L	Northampton
VERTULLO, MD, David A	Westmoreland
VESELY, MD, John A	Washington
VESOULIS, MD, Zissis	Bradford
VEY, MD, Edwin K	Allegheny
VICKERS, MD, Curtis W	Columbia
VICKERY, MD, Jon L	Dauphin
VICTOR, MD, Mark F	Philadelphia
VIDELL, DO, Jerry S	Philadelphia
VIEK, MD, Christa V	Philadelphia
VIEK, MD, Nicholas F	Chester
VIERA, MD, Angel	Allegheny
VIGDAROVICH, MD, Vladimir	Northmbrland
VIGILANTE, MD, Michael	Lehigh
VIGLIONE, MD, Joseph P	Monroe
VIJAYAMOHAN, MD, Govindarajulu	Allegheny
VIKOREN, MD, Farah H	Bucks
VILLA, MD, Francisco B	Potter
VILLACRUSIS, MD, Oscar C	Luzerne
VILLAGRA, MD, Victor G	Montour
VILLANOS, MD, Jesus M	Erie
VILLANUEVA, MD, Onofre Q	Venango
VILLASIN, MD, Joseph V	Lackawanna
VILLAVICENCIO-NOCHE, MD, Lydia L	Fayette
VILLEGAS, MD, Antonio C	Montgomery
VILLEGAS, MD, Emilio	Westmoreland
VILLELLA, MD, Edward R	Allegheny
VILUSHIS, DO, George J	Erie
VIN, MD, Prakash K	Westmoreland
VINCENT, MD, Gregory J	Bucks
VINCENT, MD, Joseph E	Lehigh
VINOGRADOV, MD, Sofia S	Philadelphia
VINSON, MD, Carey T	Allegheny
VIOLAGO, MD, Eduardo S	Dauphin
VIOZZI, MD, Francis J	Montour
VIROJA, MD, Yogesh V	Berks
VISCUSI, MD, Eugene R	Philadelphia
VISNESKI, DO, Paul E	Lancaster
VISOT, MD, Luis R	Erie
VISPERAS, MD, Emiliana P	Northampton
VISPERAS, MD, Mario F	Carbon
VISWANATHAN, MD, Byravan	Adams
VITALE, MD, Louis J	Lackawanna
VITANZA, DO, Sebastian A	Erie
VITKIN, MD, Elvina	Philadelphia
VITTO, ANTHONY	Student
VITTONE, MD, Ronald B	Westmoreland
VIVERETTE JR, MD, Joseph F	Allegheny
VIVIAN, MD, Gail M	Chester

VIZER, MD, Mark B — Bucks
VLACHOS, MD, Vasilios A — Chester
VLAHOS, DO, Patrick J — Allegheny
VLESSING, MD, Elias — Bucks
VOCI, MD, Gerardo — Philadelphia
VOGAN, MD, Clifford R — Armstrong
VOGAN, MD, William R — Mercer
VOGEL, MD, Adolph W — Delaware
VOGEL JR, MD, Julius A — Beaver
VOGELEY, MD, Eva A — Allegheny
VOGIN, MD, Eugene E — Philadelphia
VOGLER JR, MD, Wilfred E — Northampton
VOGT, BETH A — Allegheny
VOGT, MD, Merle A — Delaware
VOLIN, MD, Jan J — Montgomery
VOLK, MD, Francis N — Philadelphia
VOLK, MD, Stephen A — Northampton
VOLKIN, MD, Leonard B — Allegheny
VOLKIN, MD, Robert L — Allegheny
VOLLMER, MD, Earl S — Montgomery
VOLPETTI, MD, George W — Luzerne
VONRUEDEN, MD, David G — Delaware
VOORA, MD, Sambasivarao — Erie
VORA, MD, Dipak G — Lackawanna
VORA, MD, Prafullchandra — Greene
VORASINGHA, MD, Thongchai — Philadelphia
VORE, MD, Steven B — Centre
VOSK, MD, Arno D — Lycoming
VOSSENBERG, MD, Frans J — Montgomery
VOUTSINAS, MD, Louisa V — Luzerne
VOYTKO, MD, Richard E — Cambria
VRABEC, MD, Donald P — Montour
VRABLIK, MD, Ronald M — Crawford
VREELAND, MD, James H — Bedford
VUCHINICH III, THEODORE — Allegheny
VUJAN, MD, Alexander S — Allegheny
VUJAN JR, MD, Alexander S — Mercer
VUJEVICH, MD, Marion M — Allegheny
VUKMER, MD, George J — Venango
VUKMIR, RADE B — Allegheny
VYAS, PRANAV K — Allegheny
VYDAS, MD, Saulius J — Centre

W

WACHS, MD, Hirsh — Allegheny
WACHSPRESS, MD, Joseph D — Philadelphia
WACHTER, MD, H Ewing — Monroe
WADDINGTON, MD, Arthur W — Philadelphia
WADE, MD, Franklin G — Lycoming
WADE, MD, George R — Chester
WADEMAN, MD, Ross L — Berks
WADHWA, MD, Dom P — Blair
WADHWA, MD, Kamal P — Lawrence
WADHWA, MD, Rajindar K — Allegheny
WADHWA, MD, Saroj R — Allegheny
WADHWANI, MD, Bhagwan J — Washington
WAGENHEIM, MD, Harry H — Philadelphia
WAGENHEIM, MD, Helen S — Philadelphia
WAGMAN, MD, Albert D — Philadelphia
WAGNER, MD, Charles I — Montgomery
WAGNER, MD, David K — Philadelphia
WAGNER, MD, James D — Allegheny
WAGNER, MD, Jere L — Northmbrland
WAGNER, MD, John B — Berks
WAGNER, MD, John M — Lackawanna
WAGNER, MD, Joseph A — Philadelphia
WAGNER, MD, Kenneth L — Bucks
WAGNER, MD, Louis J — Venango
WAGNER, DO, Mark E — Berks
WAGNER, MD, Robert A — Venango
WAGNER, MD, Robert E — Potter
WAGNER, MD, Seymour — Montgomery
WAGNER, MD, Tibor D — Montgomery
WAGNER, MD, W John — Lycoming
WAGNER JR, MD, Frederick B — Philadelphia
WAGNER JR, MD, John H — Allegheny
WAGNER JR, MD, Richard S — Lancaster
WAGNER JR, MD, Thomas E — Dauphin
WAHAL, MD, George A — Allegheny
WAHHAB, MD, Abdul — Schuylkill
WAHL, MD, Dayne F — Butler
WAHL, MD, Jeffrey M — Philadelphia
WAHRMAN, MD, Aron D — Philadelphia
WAIBEL, MD, David A — Lackawanna
WAIBEL, MD, John T — Blair
WAINER, MD, Amos S — Philadelphia
WAKULCHIK, MD, Stephen D — Wayne/Pike
WALBERG, MD, Harry W — Allegheny
WALD, MD, Lawrence M — Philadelphia
WALD, MD, Michael E — Allegheny
WALD, MD, Niel — Allegheny
WALDEN, MD, Thomas B — Northampton
WALDHAUSEN, MD, John A — Dauphin
WALDMAN, MD, Clifford R — Blair
WALDMAN, MD, Joseph — Philadelphia
WALDMAN, MD, Sydney — Philadelphia
WALDMAN, MD, Terry L — Philadelphia
WALDO, MD, Ralph F — Indiana
WALDOR, MD, Philip A — Chester
WALDORF, HEIDI A — Student
WALICHUCK, MD, John G — Delaware
WALIGURA, DO, R Curtis — Allegheny
WALINSKY, MD, Paul — Philadelphia
WALKENSTEIN, MD, Michael D — Philadelphia
WALKER, MD, A Carl — Greene
WALKER, MD, Alison K — Philadelphia
WALKER, MD, Andrew B — Lehigh
WALKER, MD, Barry R — Philadelphia
WALKER, MD, Brent E — Erie
WALKER, MD, Brian K — Centre
WALKER, MD, Herbert I — Philadelphia
WALKER, MD, James F — Erie
WALKER, MD, John E — Allegheny
WALKER, MD, Jon G — Lancaster
WALKER, MD, Leon R — Blair
WALKER, MD, M Lorenzo — Philadelphia
WALKER, MD, Margaret E — Philadelphia
WALKER, MD, Robert L — Montour
WALKER, MD, Stanley R — Northampton
WALKER, MD, Stephen R — Philadelphia
WALKER JR, MD, Leroy L — Philadelphia
WALKUP, MD, Shelia J — Venango
WALL, MD, John N — Allegheny
WALL, MD, Norman M — Schuylkill
WALL, MD, Rod A — Cambria
WALL, MD, Simon G — Allegheny
WALLACE, MD, Homer D — Allegheny
WALLACE, MD, Ira B — Philadelphia
WALLACE, MD, Richard P — Philadelphia
WALLACE, MD, Wilbur S — Erie
WALLACE JR, MD, Joseph — Delaware
WALLEN, MD, Albert D — Philadelphia
WALLENDJACK, MD, John C — Dauphin
WALLER, MD, Louis C — Allegheny
WALLER, MD, Louis C — Lackawanna
WALLERSTEIN, MD, Edward M — Erie
WALLEY III, MD, Robert E — Allegheny
WALLIA, MD, Rajni — Allegheny
WALLIA, MD, Tegendra S — Beaver
WALLIN, MD, Bruce A — Philadelphia
WALLIN, MD, Thomas E — Dauphin
WALLISCH, MD, Michael D — Potter
WALLNER, DO, Leonard — Philadelphia
WALLNER, DO, Paul E — Philadelphia
WALMER, MD, John D — Lebanon
WALMSLEY, MD, James E — Chester
WALNISTA, MD, Frank J — Lackawanna
WALOFF, MD, Ronald I — Philadelphia
WALOR OFFICE MGR, MRS MARGARET M — Westmoreland
WALRATH III, MD, Martin H — Allegheny
WALSH, MD, Arthur C — Allegheny
WALSH, CHRISTOPHER J — Allegheny
WALSH, MD, James C — Luzerne
WALSH, MD, John J — Allegheny
WALSH, MD, John J — Philadelphia
WALSH, MD, Thomas F — Allegheny
WALTER, MD, C Lee — Allegheny
WALTER, MD, David L — Venango
WALTER, MD, Earl R — Mifflin/Juni
WALTER, MD, Willard F — Allegheny
WALTER, MD, William J — Allegheny
WALTERS, MD, Bruce W — Washington
WALTERS, MD, William H — Schuylkill
WALTERS, MD, William S — Warren
WALTMAN, MD, Charles A — Northampton
WALTZ, MD, Paul K — Dauphin
WALTZER, MD, Frederick N — Montgomery
WAMPLER, MD, David L — Cumberland
WAMPLER, MD, Merle J — York
WANAMAKER, MD, John L — Bradford
WANCZYK, MD, Casimir J — Berks
WANDALOWSKI, MD, John G — Lackawanna
WANG, MD, Barbara K — Westmoreland
WANG, MD, Chee K — Northampton
WANG, MD, George C — Delaware
WANG, LEILEI — Allegheny
WANG, MD, Scott E — Allegheny
WANG, MD, Shen-Chi — Mercer
WANG, MD, Yen — Philadelphia
WANG, MD, Yung-Wen — Schuylkill
WAPNER, MD, Keith L — Philadelphia
WAPNER, MD, Paul M — Philadelphia
WAPNER, MD, Ronald J — Philadelphia
WARD, MD, Edgar H — Erie
WARD, MD, Edward J — Delaware
WARD, MD, George W — Philadelphia
WARD, MD, H Richard — Union
WARD, LAURIE A — Allegheny
WARD, MD, Mary J — Columbia
WARD, MD, Michael J A — Chester
WARD, MD, Samuel P — Dauphin
WARD, MD, Stephen D — Montgomery
WARD, MD, Thomas A — Northampton
WARD, MD, Timothy J — Erie
WARD JR, MD, Louis E — Fayette
WARDE, MD, Donal A — Allegheny
WARDEN, MD, James R — Erie
WARDLOW, ROBERT D — Allegheny
WARE, MD, William B — Beaver
WARFEL, MD, Martin C — Erie
WARGO, MD, Peter J — Allegheny
WARIKOO, MD, Nanna — Cambria
WARIKOO, MD, Shiban K — Cambria
WARNER, MD, Francis J — Montgomery
WARNER, MD, Howard F — Philadelphia
WARNER, MD, Jeannette G — York
WARNER, DO, Mark A — Delaware
WARNER, MD, Norman M — Chester
WARNER, MD, Robert E — Allegheny
WARNER, MD, Robert H — Allegheny
WARNER, MD, Silas L — Philadelphia
WARNICK, MD, Richard D — Philadelphia
WARREN, MD, James W — Dauphin
WARREN, MD, Jonathan — Northampton
WARREN, MD, Kenneth C — Montgomery
WARREN, MD, William L — Chester
WARRENDER, MD, William F — Bucks
WARTELLA JR, MD, Stephen — Luzerne
WASHBURN, MD, Virginia E — Allegheny
WASHICK, MD, Frank A — Philadelphia
WASHINGTON, MD, Buford S — Philadelphia
WASHKO, MD, Rita M — Montgomery
WASILEWSKI JR, MD, Charles L — Lycoming
WASKO, MD, Robert — Lehigh
WASLEY, MD, Douglas C — Delaware
WASNICK, MD, William — Luzerne
WASSERMAN, MD, Ronald E — Lehigh
WASSERMAN, MD, Theodore W — Philadelphia
WASSIL, MD, John G — Mercer
WASSIL JR, MD, John G — Mercer
WATERMAN, DO, Gary L — Philadelphia
WATERS, DO, Patrick T — Philadelphia
WATKIN JR, MD, Walter B — Dauphin
WATKINS, MD, Brenda E — Allegheny
WATKINS, MD, Donald R — Mckean
WATKINS, MD, Gloria J — Westmoreland
WATSON, MD, Charles G — Allegheny
WATSON, MD, James G — Montgomery
WATSON, MD, James R — Allegheny
WATSON, MD, Melvin E — Adams
WATSON, MD, T G — Mercer
WATSON, MD, Thomas M — Crawford
WATSON, MD, William G — Allegheny
WATSON III, MD, Robert A — Philadelphia
WATTENMAKER, MD, Bernard M — Allegheny
WATTENMAKER, MD, Ian M — Philadelphia
WATTERS, MD, Edmond C — Allegheny
WATTERSON, MD, Samuel G — Somerset
WATTS, MD, Harvey F — Philadelphia
WAWROSE, MD, Frederick E — Huntingdon
WAWRZYNSKI II, PAUL E — Allegheny
WAX, MD, Martin B — Montgomery
WAXMAN, MD, Herbert S — Philadelphia
WAY, MD, George E — Cambria
WAYLONIS, MD, Joseph R — Allegheny
WEADER, MD, Joseph A — Montour
WEADER, MD, William M — Northmbrland
WEANER JR, MD, Howard H — Lycoming
WEAVER, MD, Aaron R — Lancaster
WEAVER, AMY LU — Montour
WEAVER, MD, Don K — Lycoming
WEAVER, MD, Donald R — Bradford
WEAVER, MD, Frank M — York
WEAVER, MD, James D — Erie
WEAVER, MD, Kent E — Berks
WEAVER, MD, Lunda E — Blair
WEAVER, MD, Mary F — Berks
WEAVER, MICHAEL A — Student
WEAVER, MD, R Clair — Lancaster
WEAVER, MD, Robert P — Centre
WEAVER, MD, Thomas D — Allegheny
WEBB III, MD, Paul R — Bradford
WEBBER, MD, Carol P — Montgomery
WEBBER, MD, John B — Philadelphia
WEBER, MD, Daniel I — Dauphin
WEBER, MD, Frederic J — Montgomery
WEBER, MD, George L — Delaware
WEBER, MD, George W — Dauphin
WEBER, MD, John E — Allegheny
WEBER, MD, John I — Philadelphia
WEBER, MD, Lawrence — Allegheny
WEBER, MD, Otto R — Monroe
WEBER, MD, Richard H — Lancaster
WEBER, MD, Steven J — Bucks
WEBER, MD, William C — Northampton
WEBSTER, MD, Gordon W — Delaware
WEBSTER, MD, John H — Allegheny
WEBSTER, MD, Lane — Tioga
WEBSTER, MD, Wilma P — Columbia
WEBSTER JR, MD, Marshall W — Allegheny
WECHSLER, MD, Harry L — Allegheny
WECHSLER, MD, Lawrence R — Allegheny
WECHSLER, MD, Richard J — Philadelphia
WECHSLER, MD, Richard L — Allegheny
WECHSLER, MD, Sylvia M — Allegheny
WECHT, MD, Cyril H — Allegheny
WEDDINGTON, MD, Wayne P — Philadelphia
WEDEEN, MD, Robert S — Chester
WEDEMEYER, MD, Anne L — Allegheny
WEDEMEYER, MD, Phillips P — Allegheny
WEE, MD, Eng C — Mercer
WEED, MD, Allen S — Montgomery
WEED, MD, Michael K — Lancaster
WEHBE, MD, Marwan A — Montgomery
WEI, MD, Lawrence C — Potter
WEIBEL, CYNTHIA M — Student
WEIBEL, MD, David C — Union
WEIBEL, MD, Robert E — Delaware
WEIDA, CAROL J — Student
WEIDA, MD, Thomas J — Lancaster
WEIDAW, MD, Harold R — Carbon
WEIDMAN EXEC DIR, BRUCE R — Berks
WEIDNER, MD, William A — Dauphin
WEIGEL, MD, A Linn — Allegheny
WEIGEL, MD, Jesse A — Dauphin
WEIGEL, MD, Joseph H — Beaver
WEIGEL JR, MD, John E — Allegheny
WEIGHTMAN, MD, Joseph — Union
WEIGLER, MD, Richard R — Allegheny
WEIKERS, MD, Norbert J — Allegheny
WEIMER, MD, Gregory R — Centre
WEIN, MD, Alan J — Philadelphia
WEIN, MD, Thomas P — Allegheny
WEINBAUM, MD, David L — Allegheny
WEINBERG, MD, Carroll A — Delaware
WEINBERG, MD, J David — Lancaster
WEINBERG, MD, Joel H — Allegheny
WEINBERG, MD, Laurence M — Chester
WEINBERG, MD, Lee M — Allegheny
WEINBERG, MD, Richard A — Delaware
WEINBERG, MD, Richard L — Allegheny
WEINBERG, MD, Saul A — Philadelphia
WEINBERGER, MD, Irving G — Allegheny
WEINBERGER, DO, Richard L — Lackawanna
WEINBLATT, MD, Howard A — Philadelphia
WEINER, MD, Frank — Indiana
WEINER, MD, Gerald H — Lawrence
WEINER, MD, Harold M — Montgomery
WEINER, MD, Herman L — Philadelphia
WEINER, DO, Ira H — Philadelphia
WEINER, MD, Jack — Philadelphia
WEINER, MD, Jeffery R — Montgomery
WEINER, MD, Leon J — Philadelphia
WEINER, DO, Perry R — Philadelphia
WEINER, MD, Roger D — Delaware
WEINGARTEN, MD, Martin Z — Philadelphia
WEINGARTEN, MD, Michael S — Philadelphia
WEINSHENKER, NAOMI J — Student
WEINSTEIN, DO, Allen J — Lehigh
WEINSTEIN, MD, Barbara J — Allegheny
WEINSTEIN, MD, David P — Westmoreland
WEINSTEIN, MD, Gary S — Allegheny
WEINSTEIN, MD, George L — Philadelphia
WEINSTEIN, MD, Jack L — Philadelphia
WEINSTEIN, MD, Lee — Dauphin
WEINSTEIN, MD, Maryann B — Washington
WEINSTEIN, MD, Robert S — Philadelphia
WEINSTEIN, MD, Saul F — Philadelphia
WEINSTOCK, MD, Andrew I — Lancaster
WEINSTOCK, MD, Jerome L — Montgomery
WEINSTOCK, MD, Robert M — Philadelphia
WEINTRAUB, ILENE D — Allegheny
WEINTRAUB, MD, William H — Philadelphia
WEIR, MD, Thomas F — Allegheny
WEIS, DO, John H — Bradford
WEIS, MD, Paul R — Lehigh
WEISBAND, MD, Benjamin J — Allegheny
WEISBERG, MD, Edward S — Allegheny
WEISBERG, MD, Jerome S — Berks
WEISBERG, MD, Paul B — Philadelphia
WEISBERG, MD, Robert A — Bucks
WEISEL, MD, Robert H — Carbon
WEISEL, MD, William M — Westmoreland
WEISENFLUH, MARK G — Student
WEISER, MD, Madeleine C — Montgomery
WEISER, MD, Paul J — Bucks
WEISKOPF, MD, Jay R — Allegheny
WEISMAN, MD, Richard A — Allegheny
WEISMER, MD, Richard M — Lancaster
WEISS, MD, Alan R — Montgomery
WEISS, MD, Albert A — Philadelphia
WEISS, MD, Arthur J — Philadelphia
WEISS, MD, Burton — Philadelphia
WEISS, MD, Carl B — Monroe
WEISS, MD, Charles — Philadelphia
WEISS, MD, David L — Philadelphia
WEISS, MD, Edward D — Philadelphia
WEISS, MD, Elissa — Allegheny
WEISS, ERIC G — Student
WEISS, MD, George H — Montgomery
WEISS, MD, James — Allegheny
WEISS, MD, Jeffrey P — Lackawanna
WEISS, MD, Jordan B — Philadelphia
WEISS, MD, Larry D — Allegheny
WEISS, MD, Laurence B — Philadelphia
WEISS, DO, Malcolm D — York
WEISS, MD, Malcolm S — Allegheny
WEISS, MICHAEL J — Student
WEISS, MD, Michael W — Allegheny
WEISS, MD, Ned M — Montgomery
WEISS, MD, Richard D — Delaware
WEISS, MD, Robert — Philadelphia
WEISS, MD, Robert F — Allegheny
WEISS, MD, Robert J — Warren
WEISS, MD, Sidney — Philadelphia
WEISS, MD, Stephen M — Philadelphia
WEISS, MD, William — Philadelphia
WEISS, MD, William B — Luzerne
WEISSER, MD, C William — Allegheny
WEISSMAN, MD, Jerry — Butler
WEISSMAN, MD, Joel M — Philadelphia
WEISSMAN, MD, Marcus I — Philadelphia
WEITEKAMP, MD, Michael R — Dauphin
WEITZ, MD, John T — Luzerne
WEITZEL, MD, William K — Allegheny
WELCH, MD, John P — Lebanon
WELDON, MD, John F — Washington
WELLENBACH, MD, Burton L — Philadelphia
WELLER, MD, Carl A — Northmbrland
WELLER, MD, Russell W — Chester
WELLES, MD, Richard V — Erie
WELLMAN, MD, Richard H — Butler
WELLS, MD, E Buist — Erie
WELLS, LAUREEN F — Student
WELNER, MD, Sandra L — Chester
WELSH, MD, James F — Berks
WELSH, MD, John J — Montgomery
WELSH, MD, Judith B — Delaware
WELSH, MD, Louis W — Montgomery
WELTY, MD, John W — Philadelphia
WELTY, MD, Katherine K — Westmoreland
WEMPLE, MD, Jan B — Northampton
WENDELL, MD, Gary D — Philadelphia
WENDELL JR, MD, James I — Montgomery
WENDER, MD, Richard C — Philadelphia

WENDLING, MD, Woodrow W	Philadelphia
WENDT, MD, Randall J	Crawford
WENG, MD, Sam S	Northampton
WENGER, MD, Allen S	Dauphin
WENGER, MD, Jay A	Bucks
WENGER, MD, Marlin E	Lancaster
WENGER, MD, Norman E	Lackawanna
WENGER, MD, Sidney U	Philadelphia
WENGERT JR, MD, Paul A	Dauphin
WENGROVITZ, MD, Paul H	Centre
WENIGER, MD, Frederick C	Allegheny
WENIGER, MD, Frederick L	Allegheny
WENNER, MD, Robert B	Luzerne
WENNER JR, DO, Earl J	York
WENNER JR, MD, William J	Philadelphia
WENNERSTEN, MD, Jack R	Montgomery
WENTZ, MD, Henry S	Lancaster
WENTZ JR, MD, Walter E	Delaware
WENTZEL, MD, H Earl	Philadelphia
WENTZLER, MD, J Donald	Union
WERLEY, MD, Charles W	Northampton
WERLEY, MD, John D	Northampton
WERNER, MD, A William	Erie
WERNER, MD, David B	Centre
WERNER, MD, Donald J	Lackawanna
WERNER, MD, Elliot B	Philadelphia
WERNER, MD, Joyce Z	Cambria
WERNER, ROBERT S	Student
WERNER JR, MD, Joseph H	Bucks
WERT, MD, Roy E	Bradford
WERTHAN, MD, Merylee E	Philadelphia
WERTHEIM, DAVID L	Student
WERTHEIMER, MD, John H	Philadelphia
WERTHEIMER, MD, Marc J	Delaware
WERTHER, MD, Norman M	Montgomery
WERTIME, MD, Clara G	Dauphin
WERTMAN, DO, Gary V	Huntingdon
WERTZ, MD, Robert R	Cambria
WESCHLER, MD, Barbara	Allegheny
WESSEL, MD, Isadore J	Philadelphia
WEST, MD, Edward	Centre
WEST, MD, John C	Montour
WEST, MD, Robert B	Mifflin/Juni
WEST, MD, William B	Huntingdon
WEST, MD, William J	Cumberland
WEST JR, MD, Clifton F	Montgomery
WEST JR, MD, William J	Philadelphia
WESTCOTT, MD, Richard J	Berks
WESTENDORP, MD, Andre C	Berks
WESTGATE, MD, Randy R	Lancaster
WESTON, MD, David M	Lancaster
WESTON, MD, Jon-Marc	Philadelphia
WESTON, MD, Kenneth R	Lehigh
WESTON, MD, S David	Luzerne
WETMORE, MD, Ralph F	Philadelphia
WETMORE, MD, Stanley M	Dauphin
WETSCHLER, MD, Stanley S	Allegheny
WETSTONE, MD, Jeffrey B	Lycoming
WETTLAUFER, MD, Marilyn R	Philadelphia
WETZEL, MD, Marie A	Blair
WETZLER, MD, Merrick J	Philadelphia
WEXLER, MD, Harry	Philadelphia
WEXLIN, MD, Donald J	Montgomery
WEYLAND, MD, Charletta K	Lebanon
WEYN, DAVID C	Student
WHALEN, MD, Edward C	Montgomery
WHALEN, MARK J	Allegheny
WHALEN, MD, Thomas J	Washington
WHALEY, MD, Dana H	Westmoreland
WHARTON, MD, Stanley W	Erie
WHEATLY, MD, William K	Lancaster
WHEELER, MD, Glen N	Lebanon
WHEELER, MD, Leigh D	Centre
WHEELER, THOMAS B	Student
WHEELING, MD, George H	Cambria
WHELAN, MD, Stephen T	Delaware
WHETSTONE, MD, Charles L	Lancaster
WHETZEL, MD, Thomas P	Allegheny
WHILDIN, MD, James G	Northampton
WHIPPLE, MD, Dorothy S	Philadelphia
WHITAKER, MD, H Craig	Delaware
WHITAKER, MD, J Michael	Bucks
WHITAKER, MD, Linton A	Philadelphia
WHITAKER, MD, Paul J	Northampton
WHITCOMB, MD, Clarence A	Philadelphia
WHITCOMB, MD, Luther M	Cumberland
WHITE, MD, Albert E	Bucks
WHITE, MD, Daryl E	Franklin
WHITE, MD, David A	Washington
WHITE, MD, David M	Philadelphia
WHITE, MD, Deborah A	Philadelphia
WHITE, MD, George S	Centre
WHITE, MD, Jack C	Chester
WHITE, MD, John V	Montgomery
WHITE, MD, Joseph G	Chester
WHITE, MD, Kathlene A	Montgomery
WHITE, MD, Richard F	Bucks
WHITE, MD, Richard K	Lehigh
WHITE, MD, Robert A	Delaware
WHITE, MD, Robert P	Northampton
WHITE, MD, Steven J	Armstrong
WHITE, MD, Warren F	Cambria
WHITE, MD, Wesley R	Lackawanna
WHITE, MD, William L	Allegheny
WHITE EXEC SEC, MS ANNE L	Fayette
WHITE JR, MD, Robert H	Lancaster
WHITELEY, MD, John P	York
WHITENACK, MD, Stephen H	Philadelphia
WHITESIDE, MD, Virginia E	Allegheny
WHITING, MD, R Keith	Lebanon

WHITLEY, AMY B	Student
WHITMAN, MD, Mark A	Bucks
WHITMAN, MD, Randal L	Philadelphia
WHITMAN, MD, Robert S	Allegheny
WHITMORE, MD, John T	Bedford
WHITMORE, MD, Mason	Delaware
WHITSON, MD, David W	Lehigh
WHITTAKER, MD, Richard P	Montgomery
WHITTEN, MD, Thomas L	Westmoreland
WHITTEN, MD, Warren L	Indiana
WHOLEY, MD, Mark H	Allegheny
WIBLE, MD, Claire E	York
WIBLE, MD, Leroy C	Allegheny
WIBULOUTAI, MD, Boonterm	Beaver
WICHMAN, MD, Beth A	Clearfield
WICK, MD, John L	Butler
WICKERHAM JR, MD, Earl P	Allegheny
WICKEY, MD, Gregory S	Dauphin
WICKRAMASINGHE, MD, Eardly K	Erie
WIDDOWSON, MD, Harold R	Delaware
WIDELITZ, MD, Martin M	Philadelphia
WIDER, MD, Saul	Philadelphia
WIDGE, MD, Toeruna S	Lehigh
WIDGER, MD, John E	Columbia
WIDLAN, MD, Sheldon	Westmoreland
WIDLITZ, MD, Michael D	Bucks
WIDOME, MD, Mark D	Dauphin
WIECKS, MD, Michael J	Dauphin
WIECZOREK, MD, J Eric	Somerset
WIEDER JR, MD, Henry S	Philadelphia
WIEGAND, MD, David A	Dauphin
WIEGERING, MD, Carlos A	Blair
WIEMANN, MD, George F	Bucks
WIENER, MD, David H	Montgomery
WIENER, MD, Eugene S	Allegheny
WIENER, MD, Jacob S	Philadelphia
WIENER, MD, Stephen G	Berks
WIESENFELD, MD, Nathaniel H	Luzerne
WIESNER, MD, Irving S	Delaware
WIEST, MD, Hiram L	Dauphin
WIEST, MD, Philip R	Berks
WIGERT, MD, Walter S	Tioga
WIGHT, MD, Susan C	Philadelphia
WIGLE, MD, Arnold R	Westmoreland
WIKLER, MD, Joan G	Bucks
WIKLER, MD, Louis A	Philadelphia
WIKLER, MD, Matthew A	Montgomery
WIKOFF, MD, Edward K	Philadelphia
WILBERGER JR, MD, James E	Allegheny
WILCOX, MD, Simmon L	Beaver
WILCOX, MD, Wilfred W	Lycoming
WILCOX JR, MD, Winthrop P	Lancaster
WILD JR, MD, Robert M	Centre
WILDBLOOD, MD, Harry M	York
WILDENHAIN, MD, Philip M	Allegheny
WILDER, MD, Bruce L	Allegheny
WILDER, MD, David W	Cambria
WILDERMAN, MD, Barry S	Bucks
WILDRICK, MD, Kenneth H	Northampton
WILEY, MD, Bert C	Blair
WILEY, DO, David E	Lancaster
WILF, MD, Harold	Philadelphia
WILFONG, MD, Donald J	Allegheny
WILHELM, MD, William C	Erie
WILKENING, MD, Robin M	Mifflin/Juni
WILKERSON, MD, Joseph L	Delaware
WILKINS, MD, Byron D	Lehigh
WILKINS, MD, Daniel M	Allegheny
WILKINSON, MD, David M	Montour
WILKINSON, MD, Harold A	Delaware
WILKINSON, MD, John H	Allegheny
WILKINSON, MD, Roselise H	Delaware
WILKOS, MD, Francis J	Erie
WILLENS, MD, John S	Chester
WILLET, MD, Andrew A	Greene
WILLIAMS, MD, A Claude	Lycoming
WILLIAMS, MD, Barbara J	Montgomery
WILLIAMS, MD, Burton L	Delaware
WILLIAMS, MD, Claude M	Delaware
WILLIAMS, MD, David O	Lehigh
WILLIAMS, MD, F Marian	Philadelphia
WILLIAMS, MD, Glenn L	Philadelphia
WILLIAMS, MD, Henry N	Lancaster
WILLIAMS, MD, Herman J	Berks
WILLIAMS, MD, Jay J	Philadelphia
WILLIAMS, MD, John J	Berks
WILLIAMS, MD, John T	Philadelphia
WILLIAMS, MD, Karl E	Allegheny
WILLIAMS, MD, Kirkley R	Philadelphia
WILLIAMS, DO, Mark S	Westmoreland
WILLIAMS, MD, Melvin C	Indiana
WILLIAMS, MD, Norman S	Westmoreland
WILLIAMS, MD, R Hallock	Montgomery
WILLIAMS, MD, Richard A	Erie
WILLIAMS, MD, Richard G	Allegheny
WILLIAMS, MD, Robert H	Lycoming
WILLIAMS, MD, Scott L	Allegheny
WILLIAMS, MD, Stephen K	Montgomery
WILLIAMS, MD, Steven C	Allegheny
WILLIAMS, MD, Susan L	Delaware
WILLIAMS, MD, Virginia M	Dauphin
WILLIAMS III, MD, Irving	Union
WILLIAMS JR, MD, Gomer T	Bucks
WILLIAMS JR, MD, Philip D	Allegheny
WILLIAMS JR, MD, Thomas L	Northampton
WILLIAMSON, MD, Clarke E	Philadelphia
WILLIAMSON, MD, Edward L	Westmoreland
WILLIAMSON, MD, Mark E	Allegheny
WILLIAMSON, MD, Neihl J	Lycoming

WILLIAMSON, WINSOME D M	Student
WILLIG, MD, Doris	Philadelphia
WILLIHNGANZ, MD, Walter D	Montgomery
WILLIS, MD, Johnnie S	Northampton
WILLISON, MD, Robert W	Allegheny
WILLNER, MD, David L	Chester
WILLWERTH, MD, James W	Berks
WILSKER, MD, Herbert B	Lancaster
WILSON, MD, Arthur R	Armstrong
WILSON, MD, Charles R	Allegheny
WILSON, DAVID G	Student
WILSON, MD, Donald F	Chester
WILSON, MD, Dorothy G	Northmbrland
WILSON, MD, Frederick S	Montgomery
WILSON, MD, George M	Philadelphia
WILSON, MD, George W	Allegheny
WILSON, MD, J Edward	Dauphin
WILSON, MD, James A	Lancaster
WILSON, MD, James L	Tioga
WILSON, MD, Janet L	Philadelphia
WILSON, MD, John F	Philadelphia
WILSON, MD, John S	Westmoreland
WILSON, MD, Lance B	Bucks
WILSON, MD, Lawrence W	Allegheny
WILSON, MD, Linda C	Chester
WILSON, MD, Ray A	York
WILSON, MD, Raymond N	Westmoreland
WILSON, MD, Richard A	Armstrong
WILSON, MD, Richard C	Lehigh
WILSON, MD, Richard P	Philadelphia
WILSON, MD, Robert J	Allegheny
WILSON, MD, Roma A	Delaware
WILSON, MD, Ruth W	Beaver
WILSON, MD, Thomas W	Lawrence
WILSON, MD, William W	Montgomery
WILSON JR, MD, Robert N	Montgomery
WILT, MD, Kenneth E	York
WILTON, MD, Edward A	Montgomery
WIMSATT, MD, Michael H	Mifflin/Juni
WINANS, MD, Lewis E	Berks
WINEGRAD, DO, Leonard	Philadelphia
WINER, MD, Stephen F	Lebanon
WINEY, MD, Wilfred H	Cambria
WINGARD, MD, Larry B	Armstrong
WINGERD, MD, Robert A	Franklin
WINGERT JR, MD, Charles H	Centre
WINGERT JR, MD, J Paul	Blair
WINHELD, MD, Edward B	Philadelphia
WINHELD, MARIKA R	Allegheny
WINIARSKI, MD, Genevieve C	Lancaster
WINIARSKI, MD, Janusz	Blair
WINKLER, MD, Martin	Allegheny
WINKLER JR, MD, Louis H	Northampton
WINN, MD, Charles	Delaware
WINN, MD, Randall S	Berks
WINN JR, MD, Charles L	Bucks
WINSLOW, MD, Roy E	Franklin
WINSON, MD, Samuel G	Philadelphia
WINSTANLEY, MD, Robert A	Cambria
WINSTEAD, MD, Welby	Bradford
WINSTON, MD, James R	Philadelphia
WINSTON, MD, Joseph M	Berks
WINSTON, MD, Norman J	Berks
WINSTON, MD, Ralph B	Bradford
WINT, MD, Roger M	Philadelphia
WINT, MD, Samuel J	Cambria
WINTER, MD, Charles R	Lancaster
WINTER, MD, Fred S	Montgomery
WINTER, MD, Mark S	Montgomery
WINTER, MD, Peter M	Allegheny
WINTER 2ND, MD, John C	Lycoming
WINZELBERG, MD, Gary G	Allegheny
WIRE, MD, Wilbur H	York
WIRGANOWICZ, PHILIP Z	Student
WIRSHUP, MD, Mary B	Lancaster
WIRTH, MD, Timothy M	Berks
WIRTS JR, MD, C Wilmer	Philadelphia
WISE, MD, Richard J	Luzerne
WISEMAN, DO, Douglas C	Northampton
WISHNEV, MD, Martin A	Allegheny
WISNESKI JR, MD, John T	Allegheny
WISNIEWSKI, MD, Peter M	Philadelphia
WISS, MD, Raymond J	Cumberland
WISSINGER, MD, H Andrew	Allegheny
WISSLER, MD, Robert U	Lancaster
WITHERSPOON, MD, John S	Allegheny
WITHERSPOON, MD, Myra A	Mckean
WITHERSPOON, MD, Robert G	Westmoreland
WITKIN, MD, Evelyn D	Montgomery
WITKOWSKI, MD, Joseph A	Philadelphia
WITKOWSKI, MARK T	Student
WITMER, MD, Donald B	Lancaster
WITMER, MD, Robert H	Lancaster
WITOWSKI, MD, John J	Lackawanna
WITT, MD, D Ernest	Columbia
WITT, MD, Paul J	Luzerne
WITTELS, MD, Emanuel	Berks
WITTHOFF JR, MD, Elmer M	Lycoming
WITTIG, MD, Robert L	Allegheny
WITTMAN, MD, Paul C	Philadelphia
WITTMANN, MD, Thomas A	Erie
WODNICKI, MD, Moises	Washington
WODZINSKI, MD, Steven F	Westmoreland
WOELFEL, MD, George F	Allegheny
WOERTHWEIN, MD, Kenneth F	York
WOHL, MD, Milton A	Philadelphia
WOJTOWYCH, MD, Mykola	Philadelphia
WOLANIN, MD, Janusz	Luzerne
WOLBACH JR, MD, Albert B	Lancaster
WOLDORF, MD, Norman M	Dauphin

WOLDOW, MD, Andrew B	Montgomery
WOLDOW, MD, Asher	Philadelphia
WOLDOW, MD, Irving	Philadelphia
WOLF, MD, Charles R	Chester
WOLF, MD, Franklin M	Berks
WOLF, MD, Lewis R	Philadelphia
WOLF, MD, Melvyn A	Montgomery
WOLF, MD, Sandra M	Philadelphia
WOLF, MD, Stephen H	Bucks
WOLF, MD, Stewart G	Northampton
WOLF JR, MD, John H	Philadelphia
WOLFE, MD, Daniel E	Lycoming
WOLFE, MD, David W	Bradford
WOLFE, MD, Dwight D	Lancaster
WOLFE, DO, Gary E	Dauphin
WOLFE, MD, Judith A	Cambria
WOLFE, MD, Patrick W	Cambria
WOLFE, MD, William F	Dauphin
WOLFERTH JR, MD, Charles C	Philadelphia
WOLFF, MD, Bruce R	Mercer
WOLFF, MD, Charles R	Allegheny
WOLFF, MD, Jeffrey M	Westmoreland
WOLFF, MD, Regis A	Allegheny
WOLFGANG, MD, Gary L	Montour
WOLFINGER, MD, Walter L	Franklin
WOLFORD, MD, Jack A	Allegheny
WOLFSON, MD, Bernard	Allegheny
WOLFSON, DAVID H	Allegheny
WOLFSON, MD, Philip J	Philadelphia
WOLFSON, MD, Robert J	Philadelphia
WOLFSON JR, MD, Sidney K	Allegheny
WOLGEMUTH JR, MD, John M	Lancaster
WOLGIN, MD, William	Philadelphia
WOLINSKY, MD, Arthur P	Allegheny
WOLK, MD, Larry A	Philadelphia
WOLK, MD, Melvyn H	Lackawanna
WOLK, MICHAEL D	Allegheny
WOLK, MD, Stephen M	Philadelphia
WOLK, MD, Thomas A	Chester
WOLLMAN, MD, Harry	Philadelphia
WOLLMAN, MD, Michael R	Allegheny
WOLMARK, MD, Norman	Allegheny
WOLOSHIN, MD, Henry J	Philadelphia
WOLSON, MD, Alan H	Lehigh
WON, MD, Kwan H	Dauphin
WON, MD, Okhee	Lackawanna
WONG, MD, Albert	Somerset
WONG, MD, Alfonso M Y	Philadelphia
WONG, MD, David Y	Montgomery
WONG, MD, Edgar	Tioga
WONG, MD, Hon Yuen	Clarion
WONG, MD, James	Berks
WONG, MD, James S	Philadelphia
WONG, MD, Ling G	Centre
WONG, MD, Ming-Der	York
WONG, MD, Randolph K M	Dauphin
WONGPAKDEE, MD, Sobsan	Potter
WONSETTLER, MD, Donald E	Mercer
WOO, MD, Mariano	York
WOO, MD, Robert	Philadelphia
WOOD, MD, Bradford J	Cumberland
WOOD, MD, David W	Montgomery
WOOD, MD, Elizabeth T	Adams
WOOD, MD, Ernest M	Lancaster
WOOD, MD, Francis C	Philadelphia
WOOD, MD, Howard P	Montgomery
WOOD, MD, John M	Allegheny
WOOD, MARGARET D	Student
WOOD, MD, Margaret G	Philadelphia
WOOD, MD, Marlene B	Luzerne
WOOD, DO, Stephen G	Union
WOOD II, MERLE E	Student
WOODCOCK, MD, Charles H	Union
WOODCOCK, MD, Charles W	Dauphin
WOODINGS, MD, Samuel G	Mercer
WOODLEY, MD, Christopher C	Lackawanna
WOODMAN, MD, Thomas J	Bucks
WOODRING, MD, Leonard R	Berks
WOODRUFF, MD, Charles L	Philadelphia
WOODRUFF JR, MD, D Stratton	Montgomery
WOODS, MD, Anne M	York
WOODS, GEORGE M	Student
WOODS, MD, Lon D	Adams
WOODSIDE, MD, John A	York
WOODWARD, MD, Edward G	Dauphin
WOODWARD, MD, John P	Philadelphia
WOODWARD, DO, William C	Philadelphia
WOOLDRIDGE, DO, Carl W	Clearfield
WOOLLEY JR, MD, Paul O	Centre
WOOLSLAYER, MD, Paul R	Somerset
WORLEY, MD, Carl M	Allegheny
WORNAS, MD, Christian G	Berks
WOROBEC, MD, Russell N	Lycoming
WORRALL, MD, V Thomas	Allegheny
WORRILOW, MD, Suzanne H	Lebanon
WORSHTIL, MD, Mark E	Washington
WORTHINGTON, MD, John J	Montgomery
WOTRING, MD, John M	Berks
WOYNAROWSKI, MD, John A	Berks
WOZNEY, MD, Paul	Allegheny
WOZNIAK, MD, John	Delaware
WRIGHT, BRUCE A	Allegheny
WRIGHT, MD, David G	Allegheny
WRIGHT, MD, David L	Venango
WRIGHT, MD, Eleanore R	Chester
WRIGHT, MD, F Malcolm	York
WRIGHT, FAY D	Student
WRIGHT, MD, L Alan	Allegheny

W

WRIGHT, MD, Lance S	Philadelphia
WRIGHT, MD, Merja T	Erie
WRIGHT, MD, Rayford E	Cambria
WRIGHT, MD, Richard E	Allegheny
WRIGHT, MD, Robert E	Lackawanna
WRIGHT, RON	Student
WRIGHT, MD, Scott H	Philadelphia
WRIGHT, MD, Thomas S	Montgomery
WRIGHT, MD, William R	Lawrence
WRIGHT JR, MD, Alfred E	Fayette
WRIGHT JR, MD, George C	Allegheny
WRIGHT JR, MD, George J	Allegheny
WRIGHT JR, MD, John C Y	Beaver
WRIGLEY, MD, Michael S	Montgomery
WROBLESKI, MD, Harry F	Allegheny
WU, MD, Chau H	Elk/Cameron
WU, CHRISTINE	Student
WU, MD, Chung H	Philadelphia
WU, JULIA	Allegheny
WU, MD, Jung-Yi	Lackawanna
WUCHER, MD, Frederick P	Allegheny
WUMMER, MD, Brian A	Berks
WURTELE, MD, Lester H	Philadelphia
WUSTROW, MD, H Juergen	Blair
WUSYLKO, MD, Michael	Allegheny
WYCHE, DO, Samuel P	Philadelphia
WYMER, MD, Ralph M	Butler
WYNERT, MD, William R	Cambria
WYSZOMIERSKI, MD, David A	Westmoreland
WYTOCK, MD, Dale H	Montour

X

XAKELLIS, MD, George C	Allegheny
XAVIER, MD, Cherian P	Philadelphia

Y

YABLON, MD, Jeffrey S	Erie
YABLONSKI, JEFFREY A	Allegheny
YACKEE, MD, John M	Allegheny
YAGNIK, MD, Pratap M	Delaware
YAGNIK, MD, Rekha P	Delaware
YAKISH, MD, Jack E	Erie
YAKISH, MD, Samuel D	Beaver
YAMULLA, MD, Stanley J	Luzerne
YANCHUS, MD, Robert M	Westmoreland
YANG, MD, Jae-Taek	Armstrong
YANG, MD, Jau-Hsin	Allegheny
YANG, MD, Shuin-Lin	Philadelphia
YANG, MD, Un-Taek	Montgomery
YANG, MD, Wen-Shiong	Lehigh
YANG, MD, Willian	Montgomery
YANKASKAS, MD, Mary C	Philadelphia
YANKURA, MD, John A	Allegheny
YANNACCONE, MD, Robert	Union
YANOFF, MD, Myron	Philadelphia
YANOFSKY, MD, Charles S	Dauphin
YANOSHAK, DO, Robert N	Luzerne
YANOVIAK, DO, Francis J	Northmbrland
YANOVSKI, MD, A Vivian	Philadelphia
YANOVSKI, MD, Alexander G	Philadelphia
YAO, MD, Francisco C	Mercer
YAO, MICHAEL J	Student
YAO, TIMOTHY C	Allegheny
YAP, ENGLOK	Student
YARBORO, MD, Theodore L	Mercer
YARDLEY, MD, Trevor W	Cambria
YARDNEY, MD, Marc J	Delaware
YARNALL, DAVID C	Student
YARNALL, MD, G Winfield	Dauphin
YARNELL, MD, Thomas M	Dauphin
YAROS, MD, Michael J	Philadelphia
YARRA, MD, Nirmala	Philadelphia
YARROW, MD, Morris W	Philadelphia
YARTZ, DO, Frank C	Montour
YASHARI, MD, Manoochehr	Montgomery
YASKIN, MD, Hyman E	Philadelphia
YASUI, MD, Robert S	Lycoming
YASWINSKI JR, MD, Peter T	Monroe
YATES, MD, Adolph J	Allegheny
YATES, MD, Anthony P	Allegheny
YATES, MD, James A	Dauphin
YATES, MD, William A	Cambria
YAVIL, DO, Jules S	Lancaster
YAVOREK, MD, Henry G	Erie
YEAGER, MD, Henry C	Lackawanna
YEAGER, MD, James P	Cumberland
YEAGLEY, MD, Heber E	Berks
YEAKEL, MD, Allen E	Lancaster
YEALY, MD, W Holmes	Lycoming
YEAMANS, MD, Bruce E	Lebanon
YEASTED, MD, G Alan	Allegheny
YEATES, MD, Laura	Crawford
YEAW, MD, Scott C	Northampton
YEE, MD, Arthur	Chester
YEE, LAURENCE F	Allegheny
YEILDING, MD, Newman M	Philadelphia
YEISLEY, MD, Geary L	Lehigh
YELLENIK, MD, Andrew C	Allegheny
YELLENIK, MD, Robert E	Allegheny
YEN, MD, Conception T	Lehigh
YENCHA JR, MYRON W	Student
YEOMAN, MD, Margaret P	Delaware
YERGER, MD, John F	Cambria
YESKEY, MD, Kevin S	Dauphin
YETIMYAN, MD, Vahe	Delaware
YEVITZ, MD, Michael G	Lackawanna
YEVITZ, MD, William J	Lackawanna
YIH, MD, Donald F	Montgomery
YING, MD, Shun C	Allegheny
YINGLING, MD, Douglas B	Clearfield
YINGVORAPANT, MD, Somchao	Allegheny
YIP, MD, Luke C	Lehigh
YOCKEY, MD, Robert H	Armstrong
YOCUM, DO, Jeffrey A	Lebanon
YOCUM, DO, Martin D	Lebanon
YODER, MD, John B	Lancaster
YODER, MD, Morris L	Delaware
YODER, MD, Stanley J	Centre
YOH, MD, Harold N	Berks
YOHE, MD, Frank J	Crawford
YOHE, MD, William C	York
YONAS, MD, Howard	Allegheny
YOO, MD, Eun S	Lackawanna
YOO, MD, Ho Joon	Erie
YOO, MD, Hoon	Wayne/Pike
YOO, MD, Tai Y	Jefferson
YOON, MD, Chan	Lycoming
YOON, MD, Chung H	Philadelphia
YOON, MD, Donald D	Westmoreland
YOON, MD, Myung S	Luzerne
YORK, MD, Eugene P	Dauphin
YOST, MD, Charles S	Columbia
YOST, MD, Robert M	Montgomery
YOUN, MD, Brian A	Montour
YOUNDT, MD, Luke B	Berks
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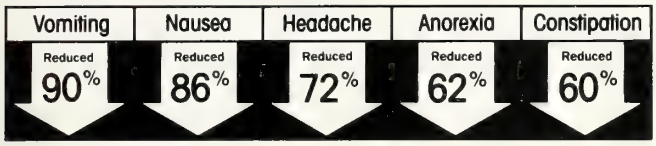
See the difference in the first week[1]

- **Sleep improvement in 74% of patients after first h.s. dose[2]**
- **Significantly faster relief–62% of total four-week improvement evident in first week versus 44% with amitriptyline alone[1]**
- **Dramatic first-week reduction in somatic complaints[2]**

% Reduction in Somatic Symptoms[2]



- **Only ⅓ the dropout rate due to side effects of amitriptyline alone, although the incidence of side effects is similar[1]**

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

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Protect your decision.
Write "Do not substitute."

In moderate depression and anxiety

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) (IV)

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) (IV)

References: 1. Feighner JP, *et al: Psychopharmacology 61*:217-225, Mar 22, 1979. **2.** Data on file, Hoffmann-La Roche Inc., Nutley, NJ.

Limbitrol™ (IV)
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:
Indications: Relief of moderate to severe depression associated with moderate to severe anxiety.
Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.
Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).

***Usage in Pregnancy:* Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**

Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage, withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide).
Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady state concentrations of the tricyclic drugs. Concomitant use of Limbitrol with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12. In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.
Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating. Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely.
The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs.
Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke.
Psychiatric: Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.
Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns.
Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.
Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.
Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.
Gastrointestinal: Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.
Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion.
Other: Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.
Overdosage: Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V. administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.
Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained. Larger portion of daily dose may be taken at bedtime. Single *h.s.* dose may suffice for some patients. Lower dosages are recommended for the elderly. Limbitrol DS (double strength) Tablets, initial dosage of three or four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required. Limbitrol Tablets, initial dosage of three or four tablets daily in divided doses, for patients who do not tolerate higher doses.
How Supplied: *Double strength (DS) Tablets*, white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets*, blue, film-coated, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt). Available in bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50.

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References: **1.** Kales J, *et al. Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976. **4.** Kales A, *et al. Clin Pharmacol Ther 32*:781-788 Dec 1982 **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al: Behav Med*, pp. 25-31, Oct 1978 **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983 **8.** Tennant FS, *et al*: Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984. **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21* 355-361, Mar 1977

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Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving) Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time Use caution in administering to addiction-prone individuals or those who might increase dosage
Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia Consider potential additive effects with other hypnotics or CNS depressants Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function
Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported Also reported headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity
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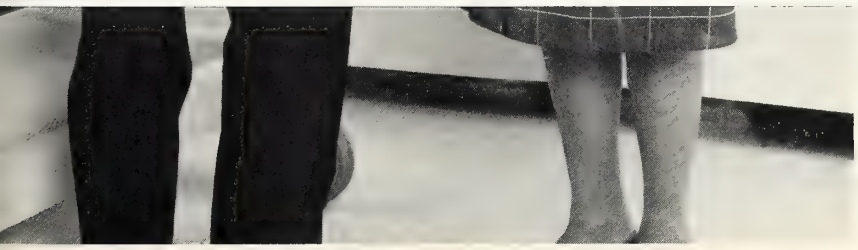

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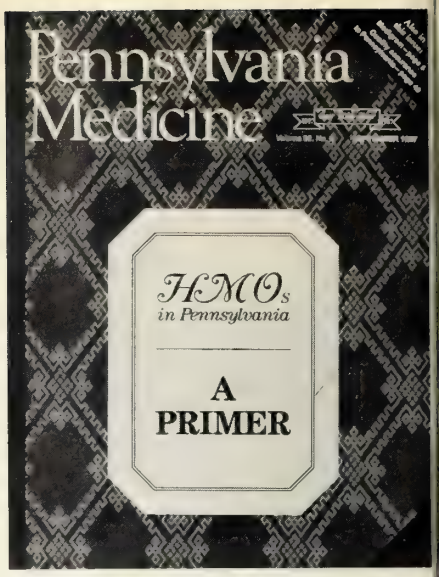

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PMS HOUSE OF DELEGATES MEETS OCTOBER 23-25

The Hershey Lodge and Convention Center is the setting for the 1987 meeting of the PMS House of Delegates. The meeting will open at 10:00 a.m. on Friday, October 23 in the Nigerian Room, and adjourn at the close of business on Sunday, October 25. Following the opening session of the House, reference committee hearings for the discussion of issues will be open to all Society members who wish to attend and speak. Donald E. Harrop, MD, family physician from Pheonixville, will be installed as the Society's president on October 24. Resolutions submitted by September 23 automatically become the business of the House of Delegates. Resolutions must be written by a PMS member and introduced by a delegate to the House. Resolutions submitted after September 23 will require a special vote at the opening session of the House to be accepted for consideration. All resolutions should be submitted to the Office of the Secretary, PMS Headquarters, 20 Erford Road, Lemoyne, PA 17043. In August, House of Delegates Speaker James A. Raub, MD, and Vice Speaker Jonathan E. Rhoads Jr., MD, instructed delegates on the submission of a resolution. Copies of the letter also went to county and specialty societies. The letter reminded delegates that a large number of late resolutions—there were 25 in 1986—impedes the smooth flow of business, and urged the early submission of resolutions.

STATE AIDS CASES AT 1,020; OVER 600 DEATHS INCLUDED

Statistics on acquired immune deficiency syndrome (AIDS), released by the Pennsylvania Department of Health on August 26, list a total of 1,020 cases in the state. Of that number, 633 people have died, for a fatality rate of 62 percent. National figures as of August 17 list 40,532 cases, including 23,445 deaths, a fatality rate of 58 percent. Pennsylvania continues to place seventh among the states for confirmed cases, and accounts for 2.4 percent of the nationwide total. Although 46 of the state's 67 counties have at least one AIDS case, Philadelphia County, with 590 cases, accounts for over half the cases, followed by Allegheny, with 91 cases. N. Mark Richards, MD, secretary of health, announced in August that his department will hire seven to 10 additional staff members, including an epidemiologist, as a first step in meeting the AIDS challenge. Also planned is increased funding for local health departments and private agencies fighting AIDS. The 1987-88 budget includes $3.3 million in state and federal money to combat the disease, up from $1.5 million, Dr. Richards said.

PMS DELEGATION ATTENDS AMA POLITICAL CONFERENCE

Timothy A. Michals, MD, chairman of the Pennsylvania Medical Political Action Committee, leads a group of physicians and members of the PMS Auxiliary who will attend the 1987 AMA Political Education Conference in Washington, DC, September 16 and 17. Political analysts, members of Congress, and the chairmen of the Republican and Democratic national committees are highlighted on a program to be opened by AMA President William Hotchkiss, MD, and Joseph Hatch, MD, chairman of the American Medical Political Action Committee.

NEW STATE BUDGET PROVIDES HIGHER OFFICE VISIT FEE

Starting April 1, 1988, the state Medical Assistance program will increase the fee for a visit to a physician's office by $5.00, from $13 to $18. The increase is provided for in the 1987-88 budget signed July 3 by Governor Robert P. Casey. PMS has concentrated on this priority issue since 1980, when the fee was $6.00.

RATES INCREASE 36.4 PERCENT FOR JUA INSURED PHYSICIANS

An overall increase of 36.4 percent for Joint Underwriting Association medical professional liability insurance was approved effective August 15. The increase affects all insureds with the exception of neurosurgeons, whose premiums will increase 30.7 percent, and anesthesiologists, whose rates will go up 6 percent. The JUA filed for a rate increase of 51 percent on April 1.

PMS COMMISSION PRESENTS ACCREDITATION WORKSHOP

The PMS Commission on Accreditation will present a workshop on continuing medical education programs on three dates in three separate locations this month. The workshop will be given at the Holiday Inn, Bethlehem, on September 10; at the Harley House, Monroeville, on September 17; and at the Holiday Inn, Harrisburg, on September 24. For more information telephone (717) 763-7151.

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PAMD887

editorial

The scarlet letter

Sir Arthur Conan Doyle once reflected, "Men die of the diseases which they have studied most . . . It's as if the morbid condition was an evil creature which, when it found itself closely hunted, flew at the throat of its pursuer." AIDS, acquired immune deficiency syndrome, certainly seems to have fulfilled Doyle's observation. Moreover, as increasing numbers of patients stricken with AIDS are recorded, we feel compelled to apply the term epidemic to its spread. "Epidemic" evokes fear that increases proportionately as the case statistics rise.

Acquired immunodeficiency syndrome (AIDS) is a clinical syndrome with (1) malignant neoplasm, Kaposi's sarcoma or non-Hodgkin's lymphoma, or opportunistic infection, usually pneumocystis carinii pneumonia, as a result of or associated with altered cell-mediated immunity; (2) defective cell-mediated immunity without apparent cause; and (3) infection with HIV (formerly called HTLV-III/LAV) retrovirus.

Transmission generally has been venereal. The virus also has been passed on through blood transfusion, organ transplants, (kidneys, heart, liver, skin etc.), contaminated needles (I-V drug use, needlestick injuries) and from mother to child at birth. Transmission by casual contact, toilets, mosquitoes or other insect bites, swimming pools, or shared eating and cooking utensils, has not occurred.

Several difficult ethical questions have arisen in the wake of the AIDS outbreak. Chief among these is confidentiality, not only of information collected about patients from third parties such as insurance companies or employers, but also of diagnosis from family and friends. Some have advocated mass screening to discover HIV positive individuals. Even if such mass screening were a reasonable alternative in terms of cost and selection of appropriate reporting authority, issues of voluntary submission to testing, confidentiality in handling information, and disposition of the information would be of critical importance. It should be kept in mind that although the HIV antibody detection test is the most economical available, "the test is not diagnostic for AIDS, but merely indicates exposure to HTLV-3 virus."

Whether or not mass screening becomes a reality, probabilities exist that increasing numbers of individuals will be tested for HIV through other mechanisms, such as blood and organ donation, as a prerequisite for military service, as a part of premarital testing, etc. The AMA House of Delegates at its annual meeting in June endorsed AIDS testing on a limited basis.

As government belt-tightening continues and constraints are placed on the utilization of health resources, the expense of caring for patients with AIDS will become a major problem. Current estimates range from about $25,000 to $140,000 for the medical care of a single patient. Many nursing homes and long term care facilities refuse to accept patients with AIDS even though such care would cost much less than treatment rendered by acute care facilities.

One of the most serious problems facing the medical profession is the fear among health care workers of contracting AIDS themselves and of spreading the disease to their families. The ethical ramifications of refusing to care for patients include allowing one's own moral judgment of social behavior to enter into care of patients. This is unjust and probably discriminatory. Some health care professionals feel that the wrong people are being protected, those with the disease, rather than individuals who might have contact with the carrier. Indeed, some believe that all HIV positive individuals should be clearly identified—a scarlet letter perhaps?

The Centers for Disease Control (CDC) maintains records of health care workers who converted to HIV positive. Included are four with needlesticks, two with "extensive contact with blood or body fluids of the infected patient, and neither observed routinely recommended barrier precautions," and three additional non-needlestick exposures to the blood of infected patients through broken skin or mucous membrane contact. A recent study reported in the *Journal of the American Medical Association* (May 15, 1987) that 3 percent of emergency room patients at Johns Hopkins Hospital were unsuspected HIV positive, but the most important observation in the paper was that recommended infection control precautions are not followed by health care workers.

Ethical responsibilities of health professionals dictate that appropriate recommended precautions for the prevention of infection be followed both for the protection of workers themselves and patients. CDC recommendations, published in *Morbidity and Mortality Weekly Report,* November 15, 1985, detail "prudent practices that apply to preventing transmission of HTLV-III/LAV and other bloodborne infections" for routine use. All health professionals should familiarize themselves with these precautions. What Charles Mayo said in 1913 is just as true now: "The prevention of disease today is one of the most important factors in the line of human endeavor."

David A. Smith, MD
Medical Editor

A Decade of Service to Physicians

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The Pennsylvania Medical Society proposes that an insurance subsidiary be launched: PMS members contribute $6.5 million in capital to give PMSLIC a sound financial base.

1978

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1980

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1981

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1983

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1986

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AMA establishes policy on AIDS

Delegates to the American Medical Association's House approved a major policy statement on AIDS and adopted in principle most of the resolutions submitted by the Pennsylvania delegation. The AMA held its 1987 annual meeting in Chicago June 21-25, 1987.

AIDS

Issues related to the disease AIDS (acquired immune deficiency syndrome) dominated the meeting. Delegates approved a report calling for 17 specific recommendations on AIDS, and acted on a number of other resolutions concerning the disease.

Many of the recommendations deal with testing for human immunodeficiency virus (HIV) antibodies. The report supports mandatory testing of immigrants, prisoners, and military personnel, as well as donors of blood, organs, tissues, semen, and ova.

The report also calls for voluntary testing with informed consent for people who are from areas with a high incidence of AIDS or who engage in high risk behavior and who fall into certain groups. The groups include patients at clinics treating sexually transmitted diseases and drug abuse, pregnant women in the first trimester, people seeking family planning services, and patients who require invasive procedures. In addition, the AMA urged physicians and hospitals to adopt mandatory policies for testing surgical patients from areas of high incidence if the majority of those patients does not comply with voluntary testing programs.

Delegates rejected broad mandatory testing and called instead for voluntary testing as a matter of medical judgment, stating it should be encouraged for individuals whose history or clinical status warrants the measure, and for anyone who is homosexual, bisexual, or a sexual partner of a person in these groups. The new AMA policy says tests should be available to all who wish to be tested, and should be subsidized for those who cannot afford to pay the cost of the test. The report called for the creation of a commission to develop a national consensus on how to fight the epidemic and for a conference on methods to prevent the spread of the virus. Delegates supported an extension of antidiscrimination laws to cover those who are infected with HIV and those suffering from AIDS, as well as confidentiality laws to protect the identity of those infected.

In approving the policy, delegates sought "a judicious balance between the well-being of HIV-positive patients and the protection of the public health." In related actions, the AMA said it would:

- Develop guidelines for hospitals and health workers who care for people with AIDS and HIV infections;
- Endorse elementary and young adult education about transmission and prevention of the disease;
- Institute an AIDS public awareness and information program;
- Develop voluntary guidelines for public service advertising on AIDS.

Pennsylvania resolutions

The AMA House enacted the following policies, in response to resolutions introduced by the Pennsylvania delegation. First, delegates voted to have the association undertake a study of severity indexing and quality measurement methods. The resolution was drafted in response to the growing number of systems for measuring severity of illness and quality of care for hospital inpatients and calls for the AMA to evaluate these systems.

Delegates also asked the AMA to continue its efforts to assure an adequate national system of financial support for graduate medical education. Some funding for graduate medical education is threatened by the prospective payment system. In response to another Pennsylvania resolution, the AMA reaffirmed its existing policy supporting .05 percent blood alcohol content as per se illegal for driving and encouraged all states to adopt that position.

The House referred to the AMA board two matters involving insurance practices. The first asked the board to determine whether or not an insurance practice called "code collapsing"—changing codes for physicians' procedures—is unfair to patients and physicians. The second called for the board to study requirements for submission of second insurance claims, and if appropriate, support better coordination of health insurance claims between third parties that share coverage responsibilities for the same services.

PROs

The house voted on a number of measures regarding Medicare's peer review organization (PRO) program. Delegates adopted a report prepared by the association's Council on Medical Service that described the AMA's activities with respect to the PRO program, including the agreement between the AMA and the government that gives greater due process to physicians the PROs recommend for sanctions. They reaffirmed the AMA's position that PROs should assure quality through educational approaches rather than punitive measures. The House approved a report from the board of trustees that said attempting to repeal the PRO legislation is "not appropriate now" but "should not be ruled out" if efforts to modify the program are unsuccessful.

Other resolutions that were adopted called for the AMA to seek changes in the PRO law that would narrow the definition of a "gross and flagrant" violation of professional standards of care; expedite the hearing process for physicians found to be an "imminent hazard" to patients; and set various standards to be followed prior to recommending sanctions.

FMG section

The House voted against the establishment of a new section for foreign medical graduates. The vote to turn down the new section went against a recommendation made by the AMA's board of trustees. The House reference committee that heard debate on the proposal recommended its rejection, citing as reasons for its negative recommendation concerns that the section

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might increase rather than diminish conflicts within this group; lack of evidence that membership growth would result from establishment of the section; and the belief that most of the issues of interest to foreign medical graduates are of interest to all physicians and should be addressed in a broader forum.

Tobacco

Delegates voted to recommend to the Federal Aviation Administration that smoking be banned on all commercial passenger aircraft. They called for model legislation to be developed to "improve enforcement of laws restricting children's access to tobacco" and voted to encourage the passage of laws that would set the minimum age for purchasing tobacco products at 21.

The House took other actions relating to the use of tobacco products, including:

- Authorizing a study of the dangers of clove cigarettes;
- Calling for greater efforts to educate the public about the hazards of tobacco products, and for physicians to urge their patients who smoke to quit;
- Encouraging physicians to take continuing education courses on methods to help patients quit smoking;
- Calling for yearly reports on progress toward achieving a "tobacco-free society by the year 2000."

Dues

AMA members will not pay a dues increase in 1988, but "one will likely be required in 1989," a report from the speaker of the house said.

Other actions

In other actions, delegates to the AMA house:

- Supported physicians' right to dispense drugs and devices "when it is in the best interest of the patient and consistent with the AMA's ethical guidelines;"
- Adopted as policy a majority of the recommendations contained in the Health Policy Agenda for the American People, a five year study of the U.S. health care system undertaken by representatives from health, government, business, and consumer groups;
- Adopted several resolutions addressing problems physicians are experiencing with the Omnibus Budget Reconciliation Act of 1986;
- Asked the AMA to seek judicial, legislative, and regulatory changes that will eliminate the Medicare maximum allowable actual charge (MAAC) regulations for participating physicians;
- Reaffirmed its position opposing inclusion of any physicians under the DRG (diagnosis related groups) program;
- Called for the association to lend support to local court battles fighting state efforts mandating Medicare assignment as a condition for physician licensure;
- Directed the AMA Council on Medical Education to study and report on the scheduling and supervision of resident physicians;
- Encouraged hospitals to institute better "identification, patrols, and visual monitoring systems" to increase security;
- Adopted guidelines for establishing, maintaining, and accessing files for hospital medical staff members;
- Adopted a series of recommendations for attracting physicians to rural communities;
- Voted to have the AMA work with other organizations to develop a coding system identifying the active ingredients in generic drug prescriptions;
- Authorized the AMA to study school-based clinics and community-based adolescent clinics to determine whether or not they provide adequate health and sex education, and physical and mental health services.

PMS sponsors practice management workshops

Workshops on improving medical office performance, increasing profits, and starting a practice will be presented by Conomikes Associates, Inc. in September, October, and November 1987 under PMS sponsorship.

"How To Improve Medical Office Performance" is a one-day program designed to sharpen the skills of office personnel, with special attention given to better collections for billing and insurance, telephone and reception skills, and effective appointment scheduling. Dates and locations are: September 29—Reading - Sheraton, Berkshire; September 30—Williamsport - Sheraton, Williamsport; October 1—Johnstown - Holiday Inn, Downtown; October 6—Harrisburg - Holiday Inn, Center City.

"How To Run A More Profitable Practice" is a full-day seminar on maximizing revenues, minimizing overhead, and applying a 31-step strategy used by many successful practices. Dates and locations are: September 15—Philadelphia - Warwick Hotel; September 16—Harrisburg - Marriott Hotel; September 17—Allentown (Bethlehem) - Bethlehem Hotel.

A two-day worskhop, "How To Get Started in Medical Practice," is offered for physicians who plan to establish a solo practice, join a partnership or group practice, or who are undecided. Dates and locations are:

1987 Dates

November 10-11—Harrisburg - PMS Headquarters; November 12-13—Philadelphia - Philadelphia County Medical Society Building.

1988 Dates

March 15-16—Philadelphia - Philadelphia County Medical Society Building; March 17-18—Harrisburg - PMS Headquarters; November 8-9—Harrisburg - PMS Headquarters; November 10-11—Philadelphia - Philadelphia County Medical Society Building.

All registration fees include luncheons, break refreshments, and seminar materials. For more information or registration materials, call or write Sharon Ryan at PMS, 20 Erford Road, Lemoyne, PA 17043; (717) 763-7151.

Task force forms speakers' bureau on AIDS

The Pennsylvania Medical Society's Task Force on AIDS (acquired immune deficiency syndrome) is forming an AIDS Speakers' Bureau. Physicians who are interested in educating the public about the disease may apply to participate. The statewide speakers' bureau is scheduled to begin this fall.

PMS will coordinate speaking engagements for the volunteers and reimburse them for their expenses. Training and assistance in preparing a presentation are available. To volunteer, send curriculum vitae to or contact Maureen Hoepfer, PMS, 20 Erford Road, Lemoyne 17043; (717) 763-7151.

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PMS Young Physicians Section plans meeting

The Young Physicians Section of PMS, established to support the involvement of young physicians in county and state society activities, will hold its inaugural meeting on Thursday, October 22, 1987, in conjunction with the PMS House of Delegates meeting in Hershey.

The establishment of a section for young physicians by the House of Delegates in 1986 followed the establishment by the AMA House of Delegates in 1986 of a national assembly of young physicians, and a recommendation encouraging state societies to establish young physicians sections.

According to Roberta L. Schneider, MD, chairman of the steering committee, the section's purpose is to stimulate the involvement of young physicians in organized medicine by providing a direct means of participation in county and state society activities and decisions.

All active PMS members under the age of 40 and in the first five years of professional endeavor after residency or fellowship training are eligible for membership in the Young Physicians Section (YPS). Each county medical society is entitled to send one voting representative for every 200 "young physicians" in the county, including nonmembers. However, all YPS representatives must be PMS members.

The first YPS meeting will include an orientation session on the function of the House of Delegates, and will include segments on writing resolutions and the responsibilities of delegates. This session is expected to help young physician members understand and become more involved in the House of Delegates process, said Dr. Schneider.

The YPS will conduct a business meeting to elect a governing council and present issues of special concern to young physicians, including the impact of the Health Care Cost Containment Act of 1986. The business meeting will conclude with a luncheon for YPS representatives and guests. In the afternoon, YPS representatives will be encouraged to attend a half-day seminar sponsored by the PMS Hospital Medical Staff Section titled "Data-Based Quality Assessment ... Directions for the Future." The seminar will be presented by Hugh P. Greeley, President of Greeley Associates, Salem, Wisconsin, a nationally-known authority on hospital quality assurance programs. Those attending the afternoon seminar will receive four credit hours in Category 1 toward the Physician's Recognition Award of the American Medical Association and the Pennsylvania Medical Society membership requirement.

Registration materials for the October meeting have been mailed to all physicians eligible for membership in the section and to all county medical societies. All physicians, delegates to the House, and county officials are invited to attend the YPS meeting. For more information about the PMS-YPS, contact Sharon Ryan, assistant director of practice services at (717) 763-7151.

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Philadelphia CMS honors members

The Philadelphia County Medical Society recognized the work of a number of its members at its annual awards ceremony in May at the College of Physicians of Philadelphia. The society presented three major awards, and honored 43 physicians for 50 years of service in medicine.

Strittmatter Award

I. P. Strittmatter, MD established an award in 1923 to be given each year to a physician who has made valuable contributions to medicine. During his lifetime, Dr. Strittmatter was an active member of the Philadelphia County Medical Society.

This year the Strittmatter Award was presented to Herman Beerman, MD. Dr. Beerman graduated from the University of Pennsylvania School of Medicine and served an internship at Mt. Sinai Hospital, Philadelphia. After residency training at the Hospital of the University of Pennsylvania, he was named an Abbott Fellow in Chemotherapeutic Research.

Dr. Beerman is emeritus professor of dermatology at the University of Pennsylvania School of Medicine. He has served as chairman of the department of dermatology at the Graduate School of Medicine and the Graduate Hospital of the University of Pennsylvania, as assistant director of the Institute for the Study of Venereal Disease, and as a member of the medical staffs of a number of other Philadelphia hospitals.

He is a member of many professional organizations, including the American Academy of Dermatology, the American Dermatological Association, the Society for Investigative Dermatology, the College of Physicians of Philadelphia, and the American Association of University Professors.

Cristol Award

Established in 1984, the Cristol Award recognizes contributions to organized medicine. Family and friends of Philadelphia urologist David S. Cristol, MD, instituted this award to honor his involvement with the county and state medical societies.

The Cristol Award for 1987 was given to Erwin A. Cohen, MD, a Philadelphia general and vascular surgeon. Dr. Cohen earned his medical degree at the University of Pennsylvania School of Medicine, and served an internship at Jewish Hospital in Philadelphia. He took additional training at Sinai Hospital in Baltimore, and completed a fellowship at the Overholt Thoracic Clinic in Boston.

Dr. Cohen is a member of the faculty at Temple University School of Medicine and senior attending physician in surgery at Albert Einstein Medical Center's Northern Division. He is a member of the International Society of Cardiovascular Surgeons, the Academy of Surgery of Philadelphia, the American College of Surgery, and the College of Physicians of Philadelphia. Dr. Cohen has served the Philadelphia County Medical Society as a member of its board of directors and as a delegate to the PMS house.

Krasnoff Award

The Krasnoff Award for the Practitioner of the Year was given to Joan E. Hurlock, MD. Dr. Hurlock, a family practitioner, graduated from the Medical College of Pennsylvania, and completed an internship at Lankenau Hospital before entering private practice.

She is a member of the board of trustees at Roxborough Memorial Hospital, and has served as secretary, vice president, and president of that hospital's medical staff. She is medical director of Roxborough Home for Women, and has served on the board of trustees of Cathedral Village, Philadelphia.

Dr. Hurlock is a member of the American Medical Women's Association and the International Medical Women's Association, the American Geriatric Society, and the American Academy of Family Physicians. She has served Philadelphia County Medical Society as a member of its board, and as director of its Northwest Branch.

Service awards

The following physicians were recognized for 50 years of service in medicine: Maurice Abramson, MD; Frederick P. Adelman, MD; James Arnao, MD; Joseph J. Blanch, MD; Paul A. Bowers, MD; Randal A. Boyer, MD; R. Ralph Bresler, MD; Louis E. Brogan, MD; Michael Brylawski, MD; and Franklin S. Buzby, MD.

Also receiving this honor were: Albert A. Carp, MD, David J. Cohen, MD; Paul S. Friedman, MD; Herbert P. Harkins, MD; Benjamin L. Hayllar, MD; Frank J. Kanter, MD; H. Peter Kirber, MD; Louis Koolpe, MD; John W. Lentz, MD; Gerabed H. Moffses, MD; Leslie Nicholas, MD; Joseph Nussbaum, MD, Jack M. Orman, MD; Frank W. Paradowski, MD; Alexander E. Pearce, MD; Mary A. Pittenger, MD; and Simon Polan, MD.

Also, Robert S. Pressman, MD; Lawrence L. Rackow, MD; Edgar L. Ralston, MD; George J. Resnick, MD; Anthony N. Ries, MD; William P. Robinson, MD; Bruce S. Roxby, MD; Louis Schwartz, MD; Harry Shubin, MD; David M. Sklaroff, MD; Glen T. Smith, MD; Duane G. Sonneborn, MD; Louis A. Wikler, MD; John F. Wilson, MD; Irving Woldow, MD; and Bernard B. Zamostien, MD.

Psychiatrists install new president

The Pennsylvania Psychiatric Society installed Edward C. Leonard Jr., MD, Rydal, as its president.

Dr. Leonard maintains a private practice in psychiatry and is a member of the medical staff at Friends Hospital, Philadelphia. A graduate of Jefferson Medical College, he completed a residency in psychiatry at Thomas Jefferson University Hospital.

Dr. Leonard is a past president of the Philadelphia Psychiatric Society, a fellow of the American Psychiatric Association, and a member of the College of Physicians of Philadelphia. He is clinical assistant professor of psychiatry at Hahnemann University.

Other officers serving with Dr. Leonard are Denis J. Milke, MD, Wormleysburg, president elect; L. Alan Wright, MD, Pittsburgh, vice president; Karl D. Ludwig, MD, Pittsburg, secretary; and Lawrence L. Altaker, MD, Harrisburg, treasurer.

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Hospital staff leaders focus on quality care

The collection and use of medical care cost and quality data as mandated in Pennsylvania's Health Care Cost Containment Act concerns all hospital medical staff members.

To assist in the development of effective quality assurance programs, the PMS Hospital Medical Staff Section (HMSS) will sponsor a four-hour workshop in conjunction with its seventh assembly meeting October 21 and 22, 1987 at the Hershey Lodge and Convention Center, Hershey.

"Data-Based Quality Assessment —Directions for the Future" will be held at 1 p.m. on Wednesday, October 22. Seminar leader Hugh P. Greeley, president of Greeley Associates, Salem, WI, is well-known as a consultant in the field of quality assurance. Physicians attending the seminar will learn how to develop and implement an effective data-based quality assurance program. The program is approved for four hours of Category I CME credit.

Prior to the quality assurance seminar, the PMS-HMSS will hold its seventh assembly meeting beginning at 1 p.m. October 21. The program will open with a two-hour workshop on changes in Medicare affecting medical practice reimbursement. Norman S. Brooks, MD, president of Professional Practice Development, is workshop leader. Following the workshop, HMSS representatives will convene as a reference committee to debate resolutions.

Elections will take place October 22 for the following three governing council seats: delegate, alternate delegate, and one member-at-large. There will be debate of the resolutions and an open forum will close the meeting. The deadline for submission of resolutions is September 21.

Registration materials for the PMS-HMSS Seventh Assembly Meeting and the seminar on quality assessment are being mailed to all hospital medical staffs and county medical societies. The PMS member registration fee for the seminar is $75, nonmember fee is $125. To obtain registration information, contact the PMS-HMSS, 20 Erford Road, Lemoyne, PA 17043; (717) 763-7151.

Rheumatologists elect officers

The Pennsylvania Rheumatology Society has elected officers. Robert A. Gatter, MD, the new president, is chief of the division of rheumatology at Abington Memorial Hospital and clinical associate professor of medicine at the University of Pennsylvania School of Medicine. He directs the Center for Arthritis and Back Pain in Willow Grove. George E. McLaughlin, MD, Philadelphia, was elected vice president, and Charles D. Tourtellotte, MD, Philadelphia, is secretary-treasurer.

The society also elected the following physicians to serve as counselors: Albert Abrams, MD, Ronald Emkey, MD, and Stanley Nosheny, MD, for 1987; Steven Berney, MD, Robert Sanford, MD, and Terence Starz, MD, for 1988; Ralph DeHoratius, MD, Donald Friedman, MD, and Bertrand Stolzer, MD, for 1989; and John Abruzzo, MD, Robert Buckingham, MD, and Peter Pepe, MD, for 1990.

Dr. Gatter said the new subspecialty society will represent rheumatologists to the Pennsylvania Medical Society. For information about joining the society, call Dr. Tourtellotte at (215) 221-3606.

Physicians named to new commission

Six physicians have been named to the Society's new Commission on Cost Containment, set up to monitor activities of the Pennsylvania Health Care Cost Containment Council and to direct PMS activities in this area.

Lewisburg pathologist John A. Malcom Jr., MD, is chairman of the commission. Other members are Richard P. Albertson, MD, a Philadelphia anesthesiologist; F. Jane Barton, MD, a Harrisburg ophthalmologist; Joseph B. Blood Jr., MD, an internist from Sayre; Joseph S. Gonnella, MD, dean of Jefferson Medical College; and James G. Pitcavage, MD, a pediatrician from Edgeworth in Allegheny County.

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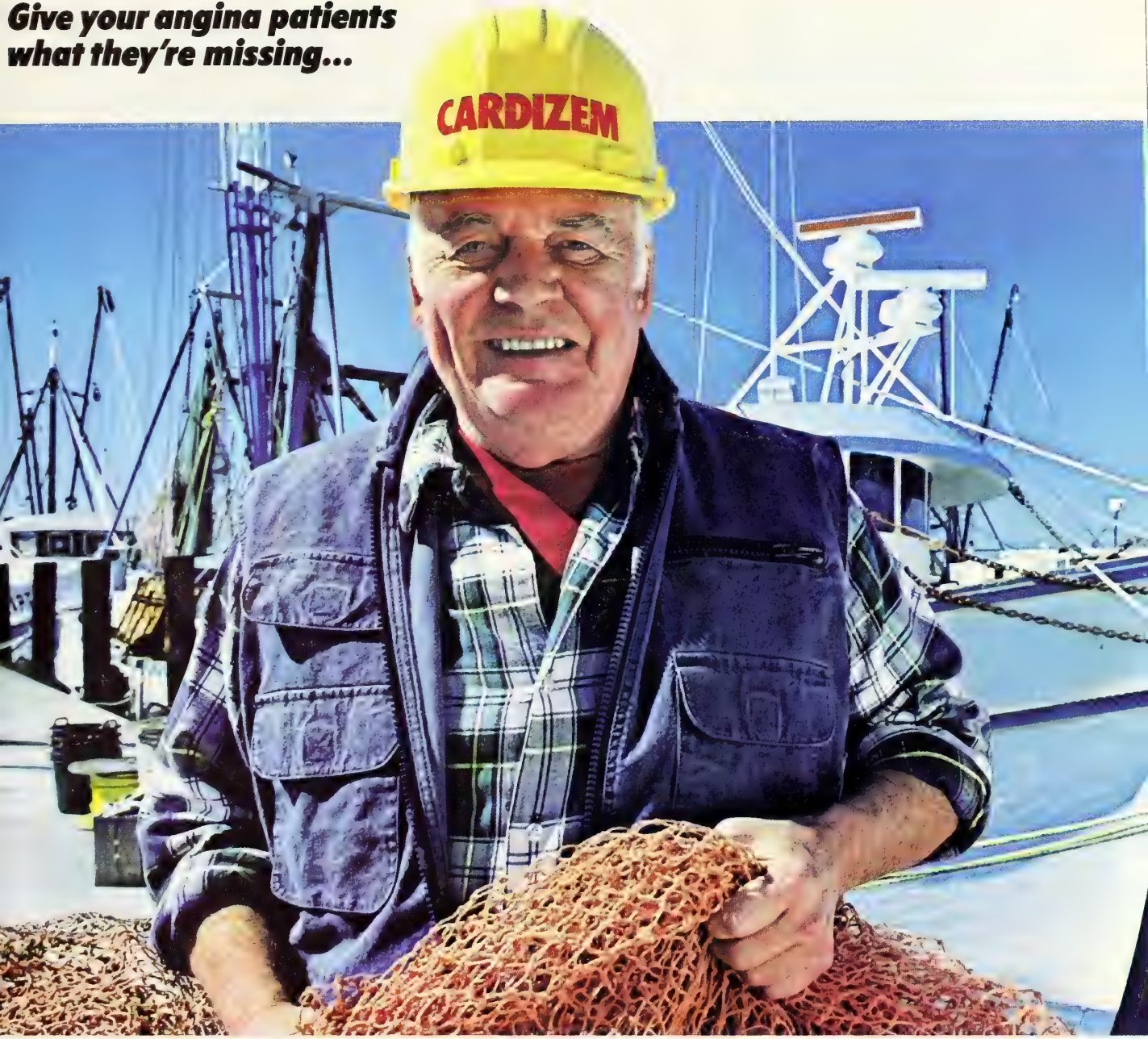

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WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
2. **Congestive Heart Failure.** Although diltiazem has a negative inotropic effect in isolated animal tissue preparations, hemodynamic studies in humans with normal ventricular function have not shown a reduction in cardiac index nor consistent negative effects on contractility (dp/dt)

   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted. These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM. (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater.

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk. One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted

Pediatric Use. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy.

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%):

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor.
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria.
Other	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established. Issued 9/86

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References: 1. Pepine CJ, Feldman RL, Hill JA, et al: Clinical outcome after treatment of rest angina with calcium blockers: Comparative experience during the initial year of therapy with diltiazem, nifedipine, and verapamil. Am Heart J 1983; 106(6):1341-1347 **2.** Shapiro W: Calcium channel blockers: Actions on the heart and uses in ischemic heart disease. Consultant 1984;24(Dec):150-159. **3.** Johnston DL, Lesoway R, Humen DP, et al: Clinical and hemodynamic evaluation of propranolol in combination with verapamil, nifedipine and diltiazem in exertional angina pectoris: A placebo-controlled, double-blind, randomized, crossover study. Am J Cardiol 1985;55:680-687. **4.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **5.** Schroeder JS: Calcium and beta blockers in ischemic heart disease: When to use which. Mod Med 1982;50(Sept):94-116.

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Eye care project helps 14,000 in state

Almost 14,000 Pennsylvanians have sought help from the National Eye Care Project, established in March 1986 to bring medical eye care and information to disadvantaged elderly people. The project is sponsored by the Foundation of the American Academy of Ophthalmology and the Pennsylvania Academy of Ophthalmology and Otolaryngology.

In Pennsylvania, ophthalmologists in the program have diagnosed more than 2,800 cases of cataracts, 271 cases of glaucoma, 596 cases of macular degeneration, and 141 cases of diabetic retinopathy. Thirty-four percent of the patients in the program reported they had never had an eye examination until they participated in this project.

U.S. citizens or legal residents 65 years old or older who do not have access to an ophthalmologist are eligible to receive services. Volunteer ophthalmologists treat program participants at no out-of-pocket cost; physicians accept Medicare assignment or insurance coverage as payment in full and offer care without charge to participants who do not have coverage. By using the toll-free help line, 1-800-222-EYES, a caller can receive information on eye care or, if a problem exists, a referral to a volunteer ophthalmologist. Across the nation more than 185,000 people have used the help line so far.

The National Eye Care Project operates weekdays from 8 a.m. to 5 p.m.

Law continues PACE program

Governor Robert P. Casey has signed into law a bill that extends the Pharmaceutical Assistance Contract to the Elderly (PACE), the low-cost prescription program for senior citizens, and sets up new procedures aimed at reducing the program's projected costs through the 1989-90 fiscal year.

The new law makes permanent the PACE program, which otherwise would have ended under the Sunset Review process. New procedures instituted to control growing costs in the lottery-funded project will save an estimated $99 million over the next three years and include the following:

- Developing a review process to evaluate the types and combinations of drugs PACE participants use in order to alert physicians and pharmacists to possible combinations tht could result in drug-induced illnesses;
- Reimbursing $1 per prescription to pharmacists who inform patients of the availability of therapeutically equivalent generic brand drugs and can show they convinced a physician to switch the prescription to a less expensive generic drug;
- Limiting reimbursement to pharmacists who dispense generic brand drugs when physicians permit substitution and the generic equivalent is on the health department's approved list;
- Reimbursing participating pharmacists on the basis of the wholesale cost of drugs;
- Requiring participants to pay the difference between brand name and generic products if they insist on a higher priced brand name drug when their doctors have approved a lower-priced generic;
- Increasing efforts to detect and prosecute fraud and abuse in the program.

Dr. Morgan president of heart association

Howard E. Morgan, MD, Danville, was installed as president of the American Heart Association at a ceremony in Dallas, Texas. Dr. Morgan also recently was elected to membership in the Institute of Medicine of the National Academy of Sciences. He is chairman for research at the Geisinger Clinic and director of the Sigfried and Janet Weis Center for Research at Geisinger.

Before coming to Geisinger, Dr. Morgan was associate dean for research and Evan Pugh and J. Lloyd Huck Professor of Physiology at the Pennsylvania State University College of Medicine, Hershey.

A past president of the American Physiological Society, Dr. Morgan currently serves as the consulting editor of *Circulation Research.* He has received the Award of Merit from the American Heart Association and the Carl J. Wiggers Award from the American Physiological Society. The American Society of Biological Chemists has cited him for distinguished service, and he was named a Hughes Scholar by the Howard Hughes Medical Institute.

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PAOO installs new officers

Carlisle otolaryngologist Webb S. Hersperger, MD, has been installed as president of the Pennsylvania Academy of Ophthalmology and Otolaryngology (PAOO). Dr. Hersperger, who succeeds Media ophthalmologist Edward A. Jaeger, MD, will serve a one year term as the academy's top officer.

The organization named Dorothy C. Scott, MD, a Pittsburgh ophthalmologist, president elect. Dr. Scott is also president of the academy's ophthalmology council. Helen Fox Krause, MD, a Pittsburgh otolaryngologist, was elected president of the academy's otolaryngology council.

Dr. Hersperger is a member of the medical staff at Carlisle Hospital and is clinical assistant professor of otolaryngology at the Pennsylvania State University College of Medicine, Hershey. Dr. Scott is clinical associate professor of ophthalmology at the University of Pittsburgh School of Medicine, and Dr. Krause is assistant clinical professor of otolaryngology at Pitt.

Dr. Krause

Dr. Hersperger

Dr. Scott

Dr. Templeton leads trauma society

John M. Templeton Jr., MD, of the division of general surgery at Children's Hospital of Philadelphia, is the new president of the Pennsylvania Division of the American Trauma Society.

Dr. Templeton is associate director for the Children's Hospital Pediatric Regional Resource Trauma Center.

His first project as president will be to organize the Second Annual Trauma Conference on September 19, 1987. The title of the conference is "Trauma in Pennsylvania: It's Everybody's Business."

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Smoking, diabetes, and obesity—*Lloyd W. Klein, M.D.*

Progression and regression of coronary atherosclerosis in relation to risk factors—*Bernard L. Segal, M.D.*

Case presentations—*Barbara Kong, M.D.*

Panel discussion—*Alan Askenase, M.D., Adrian Weyn, M.D.*

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Dr. Green named radiology society president

William H. Green, MD, was elected president of the Pennsylvania Radiological Society at the association's recent annual meeting.

Dr. Green has served as chairman of the department of radiology at Crozer-Chester Medical Center in Upland, since 1977. He earned his medical degree from the University of Pennsylvania in 1964. His residency in diagnostic radiology at Philadelphia General Hospital was followed by a tour at the U.S. Naval Hospital St. Albans, Queens, New York, where he served as a lieutenant commander.

Certified by the American Board of Radiology, Dr. Green became a Fellow of the American College of Radiology in 1982. He has served the Pennsylvania Radiological Society as editor of its bulletin, chairman of the Commission of Medical Insurance, and chairman of the Committee on Councilors and College Affairs. He has represented the society to the American College of Radiology as alternate councilor and councilor.

Currently serving as president of the Philadelphia Roentgen Ray Society, Dr. Green also maintains membership in the Radiological Society of North America and the Philadelphia Angio Club.

Philadelphia Children's Hospital producing directory

Physicians who received training for one year or more at the Children's Hospital of Philadelphia may have their names, addresses, and telephone numbers included in a membership directory for the newly-organized Children's Hospital Alumni Organization.

Alumni who wish to be listed should send their information to Lucy B. Rorke, MD, The Children's Hospital of Philadelphia, Philadelphia 19104, or contact Dr. Rorke at (215) 596-9572.

Infection control symposium scheduled

The Pennsylvania chapters of the Association for the Practice of Infection Control will hold the Sixth Pennsylvania Infection Control Symposium October 29-30, 1987, in Harrisburg. The Pennsylvania Department of Health is cosponsoring the program.

For more information, contact Julie Testen, Liberty Nursing Center, 17th and Allen Streets, Allentown 18104.

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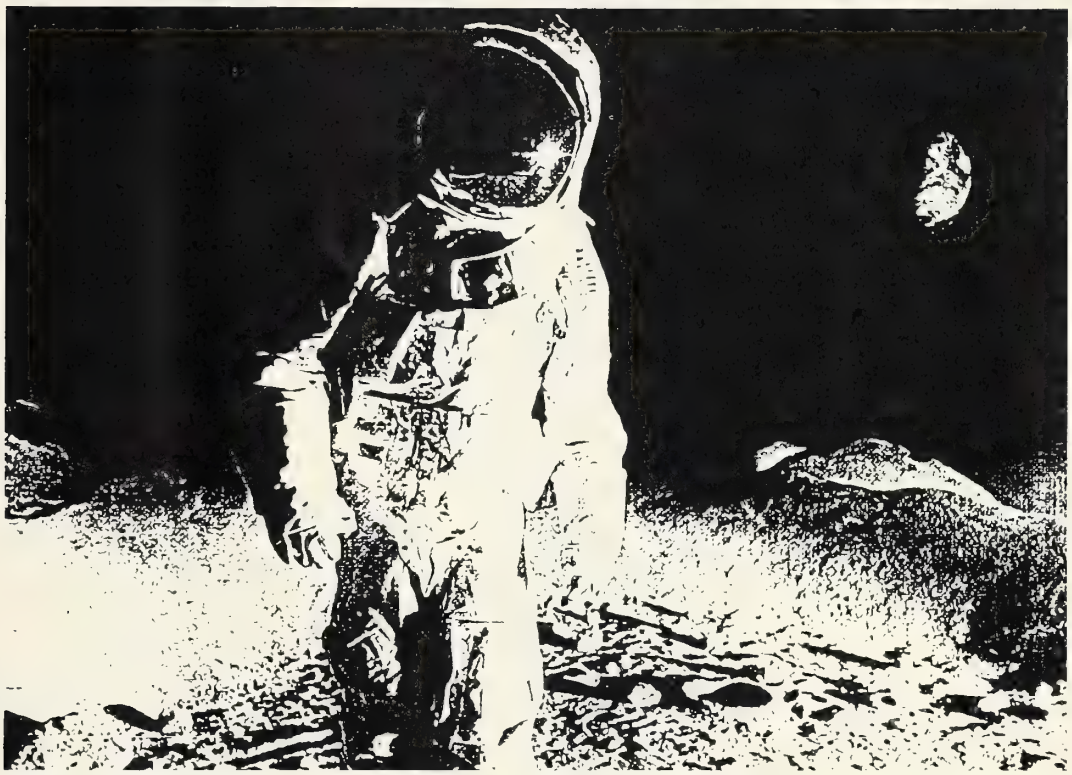

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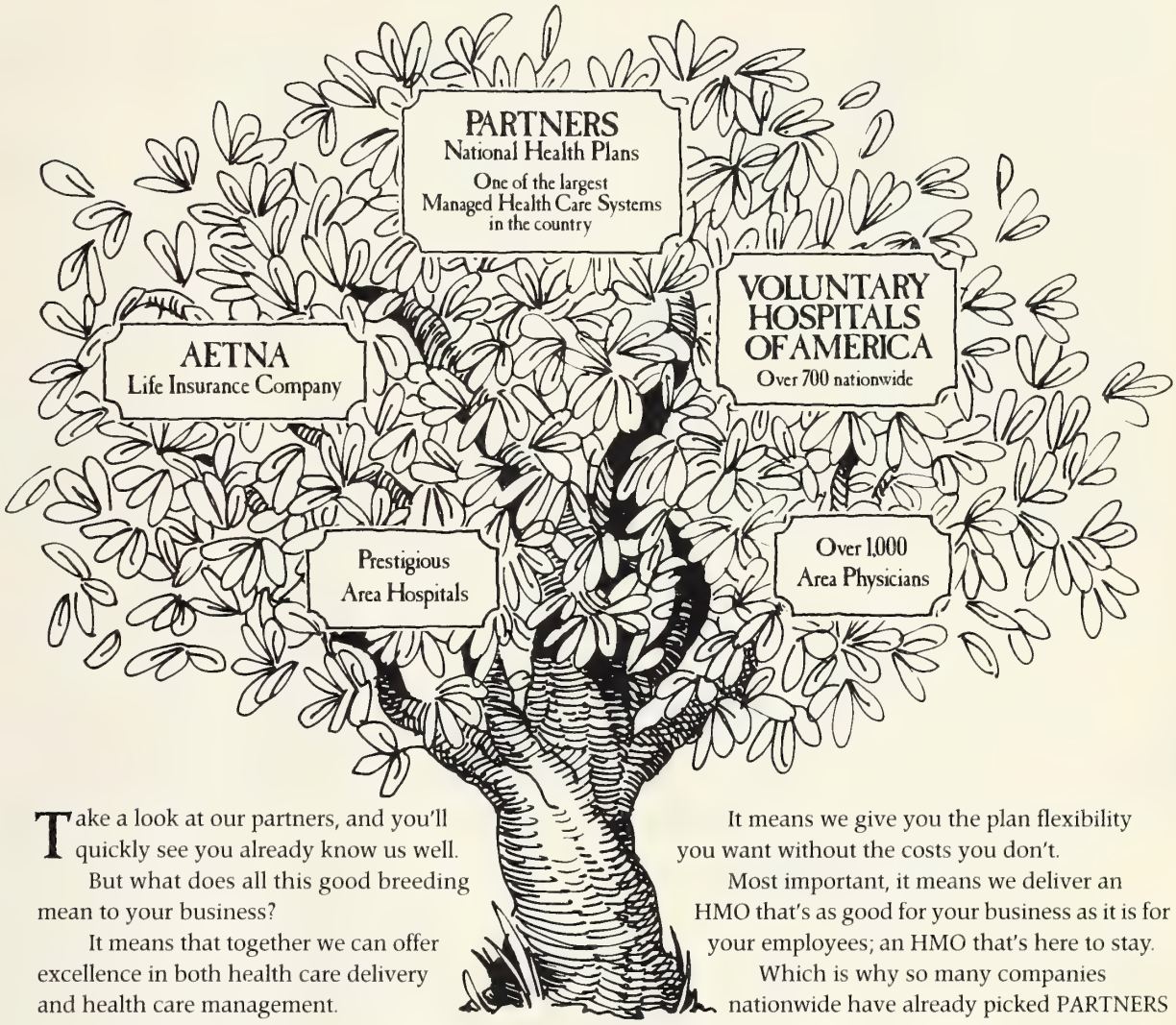

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PMSLIC responds to PMS delegates' resolution

Lawrence E. Smarr

PMS House of Delegates Resolution 86-17 was referred to the Society's Board of Trustees for study and report back to the House in 1987. The thrust of this resolution is to request PMSLIC to provide claims statistics on a semi-annual basis to the members of the House of Delegates in order to provide adequate information regarding the rising costs of medical malpractice insurance in Pennsylvania. The resolved section of this resolution is as follows:

RESOLVED, That the Board of Directors of PMSLIC be instructed to report to the members of the House of Delegates, every six months, the following minimum information:

1. Number of cases in which a physician is joined as additional defendant by hospital or physician;

2. Number of cases filed by specialty and damages;

3. Number of cases filed by specialty settled, amount of settlement, and expenses incurred;

4. Number of cases by specialty won and lost where PMSLIC had advised settlement but the doctor insisted on trial and amounts awarded (or not awarded and costs) as appropriate; and be it further

RESOLVED, That a compilation of this information based on the last five years' experience be assembled and a report made to the members of the House of Delegates every six months.

Table 1

Physicians Joined as Additional Defendants

During the period April 1, 1987 through June 30, 1987, nine PMSLIC insureds were joined by other parties, as follows:

PMSLIC insured joined by:	Number of times
Hospital	5
Other Physician	0
Nursing Home	1
Other	
Commercial Business	2
Auto Insurance Carrier	1

During the same period, PMSLIC joined two other parties, as follows:

Party joined by PMSLIC	Number of times
Physician	1
Manufacturer	1

The PMS Board of Trustees has asked PMSLIC to provide the information requested by Resolution 86-17 where available. PMSLIC is able to provide most of the information requested, with the exception of the amount of damages requested (part of item 2) and information regarding the number of cases where the PMSLIC Claims Committee and the insured differed regarding the decision to settle (item 4).

The amount of damages requested is not available due to the fact that in Pennsylvania, the ad damnum clause of a complaint cannot specify specific damages in excess of $10,000. In addition, plaintiff demands made during the settlement process often change, and this information has not been tracked by PMSLIC. Regarding the number of cases where PMSLIC has advised settlement but the doctor insisted on trial, due to the appeal processes available from the PMSLIC Claims Committee

The author is vice president of statistics and research for the Pennsylvania Medical Society Liability Insurance Company.

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and the PMS Professional Liability Insurance Appeals Committee, the number of cases in which such disagreements cannot be resolved are very few and therefore, a mechanism to track this information has not been necessary.

The data for the remainder of the requests made in Resolution 86-17 is shown in the accompanying tables. The table numbers correspond with the item numbers in the resolution. Those who have questions on any of the information listed should contact Lawrence E. Smarr, Vice President, Statistics and Research, Pennsylvania Medical Society Liability Insurance Company, 20-A Erford Road, P.O. Box 303, Lemoyne 17043. □

Table 2
Number of Claims and Suits Filed by Specialty
July 1982 - July 1987

Specialty	Number of Claims	General surgery	671	Pediatrics	112
Allergy	5	Gynecology	31	Plastic surgery	123
Anesthesiology	154	Hematology	1	Proctology	2
Cardiac surgery	10	Industrial medicine	6	Psychiatry	20
Cardiology	56	Internal medicine	616	Radiology	198
Cardiothoracic surgery	24	Nephrology	2	Rehab/physiatry	23
Cardiovascular and thoracic surgery	44	Neurology	41	Thoracic surgery	28
Cardiovascular surgery	57	Neurosurgery	164	Urology	91
Colon-rectal surgery	1	OB/GYN	652	Vascular surgery	18
Dermatology	52	Oncology	4	Not otherwise classified	43
Emergency medicine	149	Ophthalmology	127	Corporate liability	72
Family practice	202	Orthopedics	16	Partnership liability	2
Gastroenterology	13	Orthopedic surgery	857	Nurse anesthetist	2
General practice	291	Otolaryngology	114	Nurse midwives	3
		Pathology	14	**Total**	**5,111**

Table 3
Cost of Claims and Suits Filed by Specialty
July 1982 - July 1987

Specialty	# Open Claims	Closed Settlements No Loss Payment # Claims	Closed Settlements No Loss Payment Avg Exp Pmt	Closed Verdicts No Loss Payment # Claims	Closed Verdicts No Loss Payment Avg Exp Pmt	Closed Settlements w/ Loss Pmt. # Claims	Closed Settlements w/ Loss Pmt. Avg Loss Pmt	Closed Settlements w/ Loss Pmt. Avg Exp Pmt	Closed Verdicts w/ Loss Pmt. # Claims	Closed Verdicts w/ Loss Pmt. Avg Loss Pmt	Closed Verdicts w/ Loss Pmt. Avg Exp Pmt
Allergy	2	1	$ 1,059	0	-0-	2	$ 16,500	$ 69	0	-0-	-0-
Anesthesiology	49	49	2,166	4	$12,299	51	17,783	2,048	1	$18,000	$ 1,750
Cardio-Thoracic Surg.	20	4	916	0	-0-	0	-0-	-0-	0	-0-	-0-
Cardio-Vasc Surg.	36	13	1,713	0	-0-	8	63,406	6,874	0	-0-	-0-
Cardio-Vascular & Thoracic Surgery	28	12	1,633	0	-0-	3	27,000	1,816	1	22,542	12,295
Cardiology	39	22	2,558	0	-0-	5	85,500	7,058	0	-0-	-0-
Colon-Rectal Surg.	0	1	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Dermatology	37	10	880	0	-0-	5	6,152	1,334	0	-0-	-0-
Emergency Medicine	75	41	3,178	7	21,480	25	25,645	4,729	1	5,100	3,091
Family Practice	124	48	1,993	5	16,505	25	45,121	5,894	0	-0-	-0-
Gastroenterology	5	5	1,033	0	-0-	3	46,667	7,989	0	-0-	-0-
General Practice	142	94	1,364	6	6,897	48	53,446	4,764	1	8,500	6,566
General Surgery	357	177	2,438	14	19,397	121	53,039	6,044	2	51,463	14,367
Gynecology	19	8	3,668	0	-0-	4	46,650	2,297	0	-0-	-0-
Hematology	0	1	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Industrial Medicine	2	4	775	0	-0-	0	-0-	-0-	0	-0-	-0-
Internal Medicine	360	176	3,571	10	19,194	69	47,481	6,746	1	8,660	36,619
Nephrology	2	0	-0-	0	-0-	0	-0-	-0-	0	-0-	-0-
Neurology	17	18	2,595	1	8,664	4	42,500	6,138	1	50,000	755
Neurosurgery	101	48	1,801	2	21,644	13	47,788	9,493	0	-0-	-0-
OB/GYN	348	175	2,392	12	15,512	114	57,730	5,748	3	4,387	10,922
Oncology	2	0	-0-	0	-0-	1	4,000	1,948	0	-0-	-0-
Ophthalmology	63	46	1,486	2	28,927	16	40,845	6,239	0	-0-	-0-
Orthopedics	482	234	2,272	19	17,840	132	48,519	6,301	6	61,167	9,963
Otolaryngology	65	22	3,844	5	10,822	21	45,270	9,630	1	61,085	31,020
Pathology	8	5	3,935	1	27,401	0	-0-	-0-	0	-0-	-0-
Pediatrics	72	25	3,982	1	45,912	14	67,607	9,228	0	-0-	-0-
Plastic Surgery	64	41	1,271	3	6,249	15	36,733	6,989	0	-0-	-0-
Proctology	0	1	4,226	0	-0-	1	150,000	20,795	0	-0-	-0-
Psychiatry	13	5	5,180	0	-0-	2	55,000	-0-	0	-0-	-0-
Radiology	92	71	3,004	2	15,107	31	34,422	9,626	2	38,000	11,161
Rehab/Physiatry	17	4	3,804	1	2,605	1	75,000	225	0	-0-	-0-
Thoracic Surgery	16	7	6,706	0	-0-	4	60,333	8,007	1	83,718	42,612
Urology	42	30	2,943	2	15,509	17	33,500	6,267	0	-0-	-0-
Vascular Surgery	13	3	3,951	0	-0-	2	35,000	3,132	0	-0-	-0-
Not Oth. Classified	21	13	3,483	3	19,494	7	12,759	2,279	0	-0-	-0-
Nurse Anesthetist	1	0	-0-	0	-0-	1	300	-0-	0	-0-	-0-
Nurse Midwife	2	0	-0-	0	-0-	1	80,000	5,964	0	-0-	-0-
Corporate Liability	47	20	3,966	1	12,775	4	28,069	6,102	0	-0-	-0-
Partnership Liab.	1	0	-0-	0	-0-	1	77,000	-0-	0	-0-	-0-
GRAND TOTALS	2,784	1,434	$ 2,515	101	$16,863	771	$46,519	$ 5,986	21	$38,890	$13,253

* Claims and suits filed during this period resulted from policy years 1978-1987. PMSLIC's limit of liability is $100,000 per incident for policy years 1978-1982, $150,000 for 1983, and $200,000 for 1984-1987.

Antitrust and medical staff credentialing:

legal counsel reports on Patrick v. Burget

Kenneth B. Jones, Esq.

In 1981, a Dr. Patrick challenged, primarily on antitrust grounds, the anticipated withdrawal of his medical staff privileges at Columbia Memorial Hospital in Astoria, Oregon. Almost all of the significant developments of the last several years in the application of antitrust law to medical staff credentialing can be traced directly or indirectly to that lawsuit.

The jury's verdict, imposing liability after trial in the amount of over $2 million, prompted a response among the medical community and beyond; the subsequent appeals court decision overturning the jury verdict if upheld by the United States Supreme Court will largely remove the threat of antitrust liability from medical credentialing decisions.

The facts, as taken in the light most favorable to Patrick from the Ninth Circuit Court of Appeals decision,[1] can be summarized as follows: Astoria is a city of 10,000 people with one hospital. A majority of the physicians in the community and on the hospital staff were employees or partners of the Astoria Clinic. Dr. Patrick joined the Astoria Clinic as an employee, was asked to become a partner, but chose an independent practice. Patrick, a surgeon, received no surgical referrals from the clinic, even when the clinic had no surgeon. Clinic physicians declined cross coverage agreements and were reluctant to consult; there were confrontations arising from perceived theft of patients and other incidents. Subsequently, a complaint by an Astoria Clinic physician about Dr. Patrick's handling of a case was forwarded to the Oregon Board of Medical Examiners. The board's three member investigative committee was chaired by an Astoria Clinic physician; ultimately the board issued a reprimand, which was withdrawn after Patrick filed a petition for judicial review. In 1981, at the urging of yet another member of the Astoria Clinic, the medical staff began proceedings; two members of the clinic drew up the charges, another member chaired the committee. The mishaps in nine cases reviewed, a jury could conclude, did not justify termination; cases of a similar nature involving other doctors went entirely unreviewed. There was a great deal of testimony that Patrick was quite a good surgeon. Dr. Patrick resigned from the staff and brought an antitrust action alleging that the Astoria Clinic members sought to exclude him from competition in Astoria. The jury awarded $2 million in trebled antitrust damages, attorneys fees, and state law claims.

The defendants in the case took a somewhat different view of the facts. Dr. Dolan, one of the defendants, wrote a letter to the *New England Journal of Medicine* which effectively stated the defendant's[2] position. The gist of Dr. Dolan's description of events was that the members of the Astoria Clinic and the credentials committee of the hospital were merely following their legal and ethical mandate of attempting to improve the quality medical care. Dr. Dolan described the physicians on the credentials committee as being caught between a public demand for quality medical care and antitrust laws.

The heart of the dispute in the Patrick case at the trial level was a factual dispute. The factual question was whether the purpose of Dr. Patrick's exclusion was to maintain quality medical care in the hospital or whether the purpose was to exclude Dr. Patrick from competing with the Astoria Clinic. If the purpose as shown by the evidence was to ensure quality care, then there was no antitrust violation. If the purpose was to exclude Dr. Patrick from competition, then there was an antitrust violation.

The amount of the verdict and the uncertainty as to whether good faith peer review could give rise to antitrust exposure led to concern among physicians who serve on credentials committees. The American Medical Association sought the opinion of the U.S. Department of Justice. In a two page letter,[3] the justice department essentially said that peer review for the purpose of ensuring quality of care was not an antitrust violation but was in fact procompetitive. "Indeed only in the exceptional circumstance where the peer review process is not used to review individual competence but rather is a sham used to exclude a competent practitioner or group of practitioners from the market and thus restrain competition would an antitrust violation ever exist." The justice department, of course, cannot create new antitrust law itself but can only interpret the existing antitrust laws, and so its statement merely mirrored,albeit with a particular slant, the law applied in *Patrick*.

The *Patrick* decision also contributed to the enactment in Congress of the Health Care Quality Improvement Act of 1986.[4] The Act provides for antitrust immunity from money damages if medical staffs and hospitals follow the criteria set forth in the Act. The promise of immunity is largely illusory. To qualify for immunity the hospital must show (1) reasonable efforts to obtain facts; (2) adequate notice and hearing; (3) reasonable belief that the action was warranted by the facts; and (4) reasonable belief that the action was in furtherance of quality health care.

If a hospital could show these criteria existed, there almost certainly would be a finding on no antitrust liability anyway, irrespective of the immunity conferred by the Act. The jury that concluded that the defendants sought to exclude Dr. Patrick from competition and rejected the defendants' quality of care justification would also conclude that the defendants' actions were not in accordance with "furtherance of quality health care" as required by the fourth criterion of the Act. In brief, the Act comes close to saying that credentials committees and hospitals have immunity in those circumstances where there would be no liability anyway.

The justice department's letter and

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the Health Care Quality Improvement Act do provide some marginal benefit to the physician concerned about antitrust exposure as a member of a credentials committee. Of far greater potential importance is the result when the jury verdict in *Patrick* was appealed to the Ninth Circuit Court of Appeals. The appeals court did not quarrel with the jury's determination that the defendants' purpose was to exclude Dr. Patrick from competition; rather the court concluded that the conduct, anticompetitive or not, was exempt from antitrust scrutiny under the state action or *Parker* doctrine.

This doctrine exempts from the antitrust laws actions by the state, such as the passage of laws regulating economic activity. Individuals acting in accordance with a clearly articulated and affirmatively expressed policy and subject to active supervision by the state also would be exempt. Oregon provides for licensure of hospitals, for procedures that hospitals must follow in granting privileges, and for reporting when privileges are denied. Privilege denials have been reviewed by the state courts. Under this regulatory scheme, similar to Pennsylvania's, the court concluded that the *Parker* doctrine applied and the activities of the defendants, in accordance with Oregon's affirmatively expressed, actively supervised state policy, were exempt from antitrust scrutiny.

The United States Supreme Court is considering whether to review the decision. Presently a physician can not assume that the Ninth Circuit Court of Appeals opinion applies in Pennsylvania and should continue to approach medical staff credentialing with caution.

1. *Patrick v. Burget*, 800 F.2d 1498 (C.A. 9, 1986)
2. DOLIN, *Antitrust Law Versus Peer Review*, 1985 New England Journal of Medicine 1156.
3. Letter from Charles Rule to Kirk Johnson (December 2, 1986)
4. 42 U.S.C. §11101 *et seq.*

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Dr. Ichter said Blue Shield examines the effect medical procedures have on quality of patient care when adding to or eliminating from its coverage. The company reviews current medical practice to determine the coverage it provides, and obtains recommendations for coverage of new medical services from its Medical Affairs Committee.

In 1986, Blue Shield added the following medical procedures to its coverage without additional cost to subscribers: fetal non-stress testing; intra-operative fluoroscopy; hemofiltration; electro-oculogram; suction esophagael biopsy and ambulatory esophageal ph monitoring; implantation of subcutaneous intravascular catheter; and several laboratory tests.

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HMOs in Pennsylvania—a primer

Andrea M. Scharf

The health maintenance organization (HMO) industry in Pennsylvania is growing both in the number of enrollees and in the number of plans. This article provides current information on HMO activity in the Commonwealth and the nation.

The growth of the health maintenance organization (HMO) industry in Pennsylvania since 1980 has been nothing short of dramatic. Seven years ago, just under 144,000 Pennsylvanians were enrolled in HMOs; at the end of the first quarter of 1987, the number had swelled to 888,608, and it has continued to grow. This eightfold increase has occurred at a geometric rate, doubling in 1982 and quadrupling over the next five years.

Although most of the growth has been in the older, established plans, growth has also been seen in the absolute number of plans as well as in the plans that are less than four years old. Many of these are in the central Pennsylvania area, which had no HMOs until 1983. HMOs in this area have doubled their enrollments in the last two years.

There are now 28 HMOs located in all parts of the Commonwealth (see map) from Erie to the Delaware border, from Pittsburgh to Scranton. There are still four active applications for approval awaiting action by the health department, the insurance department, or both.

The recent growth in HMO enrollment in Pennsylvania follows a slow start for this type of health care delivery in the state. There were no prepaid health plans in Pennsylvania before passage of the federal HMO Act and the subsequent passage of a complementary state act. The federal legislation made start-up funds available for nonprofit HMOs and required states to eliminate obstacles to HMO development. Behind the federal support was a concern about the high cost of health care and a belief that alternative delivery systems would not only be cost effective in themselves but would also act as a competitive force in the health care marketplace.

Studies have borne out both assumptions. The Rand Corporation's long-term study of health care in Seattle, Washington, showed that by controlling utilization, particularly of hospitalization, HMOs could reduce the cost of providing medical care by 10-40 percent. In regard to the competitive marketplace, the trend is clearly toward second opinions, use of outpatient settings, and prevention, all designed to reduce inappropriate hospital use. Creative approaches to structuring health benefit plans and an explosion of business ventures that promise to curb inappropriate utilization are further evidence of change in health care delivery and financing. Studies also showed changes in physicians' practice patterns in areas of strong HMO activity.

There are several types of HMOs, distinguished by the arrangements made with participating physicians. Generally speaking, an HMO is a health care plan which combines both the financing and delivery of health care. The HMO members receive a comprehensive, coordinated package of health care benefits. The HMO receives a fixed, prepaid monthly fee.

As HMOs have evolved, the division into group, staff, network, and IPA (individual practice association) models has become somewhat fuzzy. The early HMOs, known as prepaid group health plans, either hired physicians and other health care personnel directly (staff model), or contracted with a group of physicians, often organized solely for the purpose of such contracting. Kaiser Health Plan is the best-known example of the group model. There are no staff models in Pennsylvania at this time. Geisinger Health Plan, Maxicare/HealthAmerica of Philadelphia, HMO of Western Pennsylvania, and John Hancock Health Plan are examples of group models.

IPAs have quickly become the most popular form of HMO organization in terms of new starts. Nationally, the number of IPA model HMOs increased from 245 to 345 between December 1985 and June 1986, a six-month growth of 40.8 percent, according to the Minneapolis research firm InterStudy's January 1987 report. IPAs are attractive because they can be formed with lower start-up costs and less abrupt breaks with traditional fee-for-service practice. These features make them appealing to both physicians, who continue to practice in their offices and may even choose to see non-HMO patients or contract with more than one HMO, and prospective enrollees, who often find their current physicians are participating in their HMOs. IPAs in Pennsylvania include Delaware Valley HMO, HMO of Pennsylvania, Independent Health of Pennsylvania, and Silver Spring Health Plan.

Somewhere between group models and IPAs are the network models. In

The author is executive director of the Pennsylvania Association of Health Maintenance Organizations, headquartered in Harrisburg.

OPERATIONAL HEALTH MAINTENANCE ORGANIZATIONS IN PENNSYLVANIA

Wilkes-Barre/Scranton Area

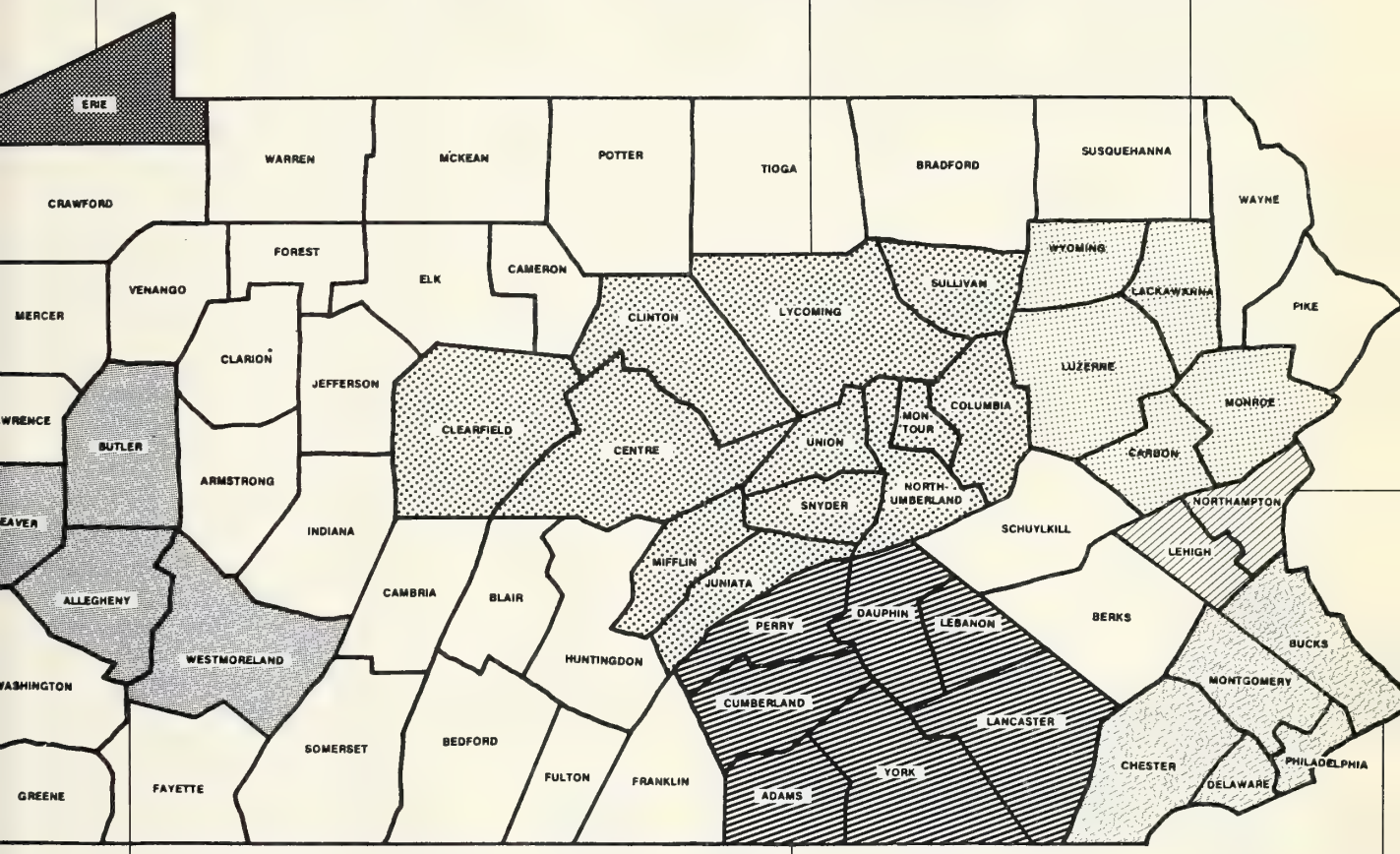
Geisinger Health Plan
HealthAmerica
HMO of Northeastern PA
OMNI Health Plan

Erie Area

Independent Health of PA

NorthCentral Area

Geisinger Health Plan



ittsburgh Area

Central Medical Health Plan
HealthAmerica
HMO of PA
HMO of Western Pa
Keystone Health Plan West
Physicians Health Plan of Western PA
Riverside Health Plan
The HMO Alliance
Travelers Health Network

SouthCentral Area

HealthAmerica
HealthGuard of Lancaster
Keystone Health Plan
Silver Spring Health Plan

Allentown-Bethlehem-Easton Area

Keystone Health Plan
Travelers Health Network

Philadelphia Metro Area

Delaware Valley HMO
DoctorCare of PA
Freedom HMO
HealthAmerica
Heritage Health Plan
HMO of PA
John Hancock HealthPlan
Keystone Health Plan East
Partners National Health Plans
Vista Health Plan

this case, the HMO contracts with two or more group practices to provide care. Generally, this means more of an IPA type of plan, since the participating physicians still practice in their own office settings and may see non-HMO patients. HMOs that describe themselves as network or mixed models are the Keystone plans; Central Medical Health Plan; the Maxicare/Health-America plans of central Pennsylvania, northeastern Pennsylvania, and Pittsburgh; the HMO Alliance; Healthguard of Lancaster; and Travelers Health Plan.

Another distinction among HMOs is whether or not they are federally qualified. Federal qualification involves voluntary compliance with a set of quality assurance and financial standards, all of which are reviewed and approved by the federal Office of Prepaid Health Care. Federally qualified HMOs also must offer a specific set of benefits, including inpatient and outpatient coverage for both physical and mental illness.

At the beginning of 1987, 455 HMOs had achieved federal qualification. Although the early HMOs were all nonprofit and had to be to qualify for federal assistance, after the federal government eliminated the seed money to encourage HMO start-ups, more HMOs either converted to or started life as for-profit entities in order to attract the capital necessary to develop and expand. However, federal qualification is still viewed by many employers as a desirable "seal of approval," and it is still sought by many HMOs. Getting federal qualification also is a way to qualify for participation in the Medicare risk program. This may change in the future as HMOs seek more flexibility in putting together benefits packages and establishing rates in order to be more competitive.

Whether or not they are federally qualified, Pennsylvania HMOs face regulation from both the health department and the insurance department. Every HMO must have a certificate of authority to operate. Both the delivery system and the financing mechanism are scrutinized to assure that the public interest is being met. The health department is concerned with access to care, qualifications of providers and other personnel, and the breadth of coverage provided by the plan. Pennsylvania has its own requirements for the benefit package, which parallel the federal requirements to some extent. The health department also conducts periodic surveys of the quality assurance programs of HMOs. These procedures are intended to help the HMO identify any problems in the quality of the care it delivers and to develop strategies to correct them. More than a "policing" function, the quality assurance program is also designed to identify strategies available to a managed health care program. This type of study allows HMOs to develop protocols for identifying and preventing disease, in order to minimize hospitalization while providing high quality care.

The function of the insurance department is, first, to assure the fiscal solvency of each HMO operating in the Commonwealth, and second, to make sure that the rates HMOs charge are fair and based on projected costs. HMOs in Pennsylvania are community rated, which means the rates are based on actuarial projections for the entire enrolled population. Although some variation is possible to match the rates more closely with the demographic profile of any given employee group, HMOs are unable to adjust rates based on the level of utilization experienced by that employer, whether it is better or worse than the level of community experience. In addition to reviewing and approving rates and subscriber contracts, the insurance department conducts periodic financial audits of all HMOs in Pennsylvania.

HMOs report an average utilization of 427 inpatient days per 1,000 enrollees and an average length of stay of 4.7 days per 1,000 nationally. Pennsylvania HMOs are very close to the average, with 407 days per 1,000 and an average length of stay of 4.8. This compares to an overall national average (according to the American Hospital Association) of 920 days per 1,000 population and an average length of stay of 6.5 days.

Although the absolute number of HMO plans operating in Pennsylvania has tripled in the past three years and the number of members is growing, enrollment in HMOs in Pennsylvania's cities has not reached the 40 percent mark experienced in Minneapolis-St. Paul and other metropolitan areas. However, enrollment in the Philadelphia area is now over 12 percent, and the concept of managed health care is more widely known and accepted than it was a few years ago.

The industry is changing to meet employers' demands for health benefit programs that provide their work force with comprehensive, high quality care at a price the employers can afford to pay. As they continue to operate and adapt to the health care environment, the HMO plans must strive to meet the needs of their members with compassion, consistency, and continuity. □

Physicians differ one from the other in their views on HMOs. One physician was quoted recently as saying, "As a physician in private practice, you have no choice but to join an HMO." Many physicians in urban areas serve more than one HMO. Other physicians are reluctant to change the traditional way of practicing medicine. The public and businesses in particular are waiting to see whether or not the HMO movement delivers on its promise to reduce the cost of providing medical care to groups of patients. This article provides information on the current status of HMOs in Pennsylvania.

To show you how many hypertensives stayed on INDERAL® LA (PROPRANOLOL HCl) after a major nationwide trial...

...we had
to find
just the
right room.

60,073 patients (90%) who started on INDERAL LA stayed on INDERAL LA.[1*]

Surprising? Not really.

Because most patients on INDERAL LA (propranolol HCl) don't even know it's working.
A recent double-blind, placebo-controlled, crossover study in 138 hypertensive patients[2] revealed that INDERAL LA has a side effects profile unsurpassed by atenolol or metoprolol—which shows how well-tolerated once-daily INDERAL LA can be.

Sole therapy or concomitant therapy? Fifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY
INDERAL® LA
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...
NEW LOW DOSE
INDERAL® LA 60 mg
(PROPRANOLOL HCl)
LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information.

The one you know best keeps looking better

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION SEE PACKAGE CIRCULAR)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride INDERAL LA is available as 60 mg, 80 mg, 120 mg, and 160 mg capsules

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites When access to beta-receptor sites is blocked by INDERAL, the chronotropic, inotropic and vasodilator responses to beta-adrenergic stimulation are decreased proportionately

INDERAL LA Capsules (60 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol, resulting from the slower rate of absorption of propranolol Over a twenty-four (24) hour period, blood levels are fairly constant for about twelve (12) hours then decline exponentially

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose When changing to INDERAL LA from conventional propranolol, a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval In most clinical settings, however, such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate, systolic pressure and rate pressure product INDERAL LA can provide effective beta blockade for a 24-hour period

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension, it may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic INDERAL LA is not indicated in the management of hypertensive emergencies

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina, palpitations, and syncope INDERAL LA also improves exercise performance The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation Clinical improvement may be temporary

CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first-degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL

WARNINGS. CARDIAC FAILURE Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or INDERAL should be discontinued (gradually, if possible)

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema) – PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors

MAJOR SURGERY The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol However, such patients may be subject to protracted severe hypotension Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers

DIABETES AND HYPOGLYCEMIA Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels

THYROTOXICOSIS Beta blockade may mask certain clinical signs of hyperthyroidism Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case, this resulted after an initial dose of 5 mg propranolol

PRECAUTIONS. GENERAL Propranolol should be used with caution in patients with impaired hepatic or renal function INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure Patients should be told that INDERAL may interfere with the glaucoma screening test Withdrawal may lead to a return of increased intraocular pressure

CLINICAL LABORATORY TESTS Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase

DRUG INTERACTIONS Patients receiving catecholamine-depleting drugs such as reserpine should be closely observed if INDERAL is administered The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension

Caution should be exercised when patients receiving a beta blocker are administered a calcium-channel-blocking drug, especially intravenous verapamil, for both agents may depress myocardial contractility or atrioventricular conduction On rare occasions, the concomitant intravenous use of a beta blocker and verapamil has resulted in serious adverse reactions, especially in patients with severe cardiomyopathy, congestive heart failure or recent myocardial infarction

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol

Ethanol slows the rate of absorption of propranolol

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance

Chlorpromazine, when used concomitantly with propranolol, results in increased plasma levels of both drugs

Antipyrine and *lidocaine* have reduced clearance when used concomitantly with propranolol

Thyroxine may result in a lower than expected T_3 concentration when used concomitantly with propranolol

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination and increasing blood levels

Theophylline clearance is reduced when used concomitantly with propranolol

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential In 18-month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity There were no drug-related tumorigenic effects at any of the dosage levels Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug

PREGNANCY Pregnancy Category C INDERAL has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximum recommended human dose

There are no adequate and well-controlled studies in pregnant women INDERAL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus

NURSING MOTHERS INDERAL is excreted in human milk Caution should be exercised when INDERAL (propranolol HCl) is administered to a nursing woman

PEDIATRIC USE Safety and effectiveness in children have not been established

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy

Cardiovascular Bradycardia, congestive heart failure; intensification of AV block, hypotension, paresthesia of hands, thrombocytopenic purpura; arterial insufficiency, usually of the Raynaud type

Central Nervous System. Light-headedness, mental depression manifested by insomnia lassitude, weakness, fatigue; reversible mental depression progressing to catatonia; visual disturbances, hallucinations; vivid dreams, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics For immediate formulations, fatigue, lethargy, and vivid dreams appear dose related

Gastrointestinal Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea constipation, mesenteric arterial thrombosis ischemic colitis

Allergic Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress

Respiratory Bronchospasm

Hematologic Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura

Auto-Immune In extremely rare instances, systemic lupus erythematosus has been reported

Miscellaneous. Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence, and Peyronie's disease have been reported rarely Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained INDERAL LA should not be considered a simple mg-for-mg substitute for INDERAL INDERAL LA has different kinetics and produces lower blood levels Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval

HYPERTENSION — *Dosage must be individualized.* The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved The usual maintenance dosage is 120 to 160 mg once daily In some instances a dosage of 640 mg may be required The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks

ANGINA PECTORIS — *Dosage must be individualized* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optimal response is obtained Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (see WARNINGS)

MIGRAINE — *Dosage must be individualized* The initial oral dose is 80 mg INDERAL LA once daily. The usual effective dose range is 160-240 mg once daily The dosage may be increased gradually to achieve optimal migraine prophylaxis If a satisfactory response is not obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued It may be advisable to withdraw the drug gradually over a period of several weeks

HYPERTROPHIC SUBAORTIC STENOSIS — 80-160 mg INDERAL LA once daily

PEDIATRIC DOSAGE — At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use

*The appearance of these capsules is a registered trademark of Ayerst Laboratories

REFERENCES:

1. INDERAL LA National Compliance Evaluation Program Data on file, Ayerst Laboratories
2. Ravid M, Lang R, Jutrin I The relative antihypertensive potency of propranolol, oxprenolol, atenolol, and metoprolol given once daily *Arch Intern Med* 1985; 145 1321-1323

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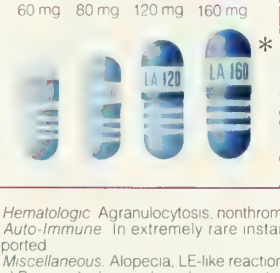
INDERAL® LA

(PROPRANOLOL HCl)

LONG ACTING CAPSULES



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Ulcer therapy that won't yield, even to smoking

What do you do for duodenal ulcer patients who should stop smoking, but won't? Both cimetidine[1] and ranitidine[2] have been shown less effective in smokers than nonsmokers.

Choose CARAFATE® (sucralfate/Marion). Two recent studies show Carafate to be as effective in smokers as nonsmokers.[3,4] A difference further illustrated in a 283-patient study comparing sucralfate to cimetidine[5]:

Ulcer healing rates:
(at four weeks of therapy)[5]

Sucralfate:	
All patients	79.4%
Smokers	81.6%*
Cimetidine:	
All patients	76.3%
Smokers	62.5%

*Significantly greater than cimetidine smoker group ($P<.05$).

Carafate has a unique, nonsystemic mode of action that enhances the body's own ulcer healing ability and protects the damaged mucosa from further injury.

When your ulcer patient is a smoker, prescribe the ulcer medication that won't go up in smoke: safe, nonsystemic Carafate.

Nothing works like

CARAFATE®
sucralfate/Marion

Please see adjoining page for references and brief summary of prescribing information.

1594H7

CARAFATE®
(sucralfate)

BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Drug Interactions: Animal studies have shown that the simultaneous administration of CARAFATE with tetracycline, phenytoin, or cimetidine will result in a statistically significant reduction in the bioavailability of these agents. This interaction appears to be nonsystemic in origin, presumably resulting from these agents being bound by CARAFATE in the gastrointestinal tract. The bioavailability of these agents may be restored simply by separating the administration of these agents from that of CARAFATE by two hours. The clinical significance of these animal studies is yet to be defined.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No evidence of drug-related tumorigenicity was found in chronic oral toxicity studies of 24 months' duration conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies have not been conducted.

Pregnancy: Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2,500 patients, adverse effects were reported in 121 (4.7%). Constipation was the most frequent complaint (2.2%). Other adverse effects, reported in no more than one of every 350 patients, were diarrhea, nausea, gastric discomfort, indigestion, dry mouth, rash, pruritus, back pain, dizziness, sleepiness, and vertigo.

DOSAGE AND ADMINISTRATION
The recommended adult oral dosage for duodenal ulcer is 1 gm four times a day on an empty stomach.

Antacids may be prescribed as needed for relief of pain but should not be taken within one-half hour before or after sucralfate.

While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination.

HOW SUPPLIED
CARAFATE (sucralfate) 1-gm pink tablets are supplied in bottles of 100 and in Unit Dose Identification Paks of 100. The tablets are embossed with MARION/1712. Issued 3/84

References:
1. Korman MG, Shaw RG, Hansky J, et al: *Gastroenterology* 80:1451-1453, 1981
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4. Marks IN, Wright JP, Gilinsky NH, et al: *J Clin Gastroenterol* 8:419-423, 1986
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Physicians and their patients also benefit from Institute access to the Shadyside Hospital Reproductive Biology Laboratories, providing complete services in infertility-related testing and analysis.

Amir H. Ansari, M.D., director of the Institute, has a distinguished record in the research, diagnosis, and treatment of infertility. He is a Fellow of the Royal College of Physicians and Surgeons of Canada, the American College of Surgeons, the American College of Obstetricians and Gynecologists, and the International College of Surgeons, and former Professor of Obstetrics and Gynecology at Emory University and Medical College of Georgia.

The Institute welcomes the opportunity to provide a complete explanation of its programs and services. Please call ***(412) 622-1720.***

Or write: *Dr. Amir H. Ansari, Director*
The Pittsburgh Institute of Reproductive Medicine
510 South Aiken Avenue, Suite 112
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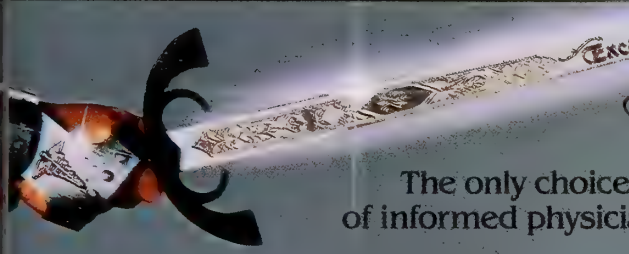

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And through it all, US Healthcare members have their family doctor for advice and guidance. The private physician is key to the innovative and personal care that US Healthcare covers. We believe that quality of care will help insure a brighter, healthier future for all of us. And we now have over 760,000 satisfied members, 1800 participating primary care physicians and over 9000 participating specialists who believe as we do.

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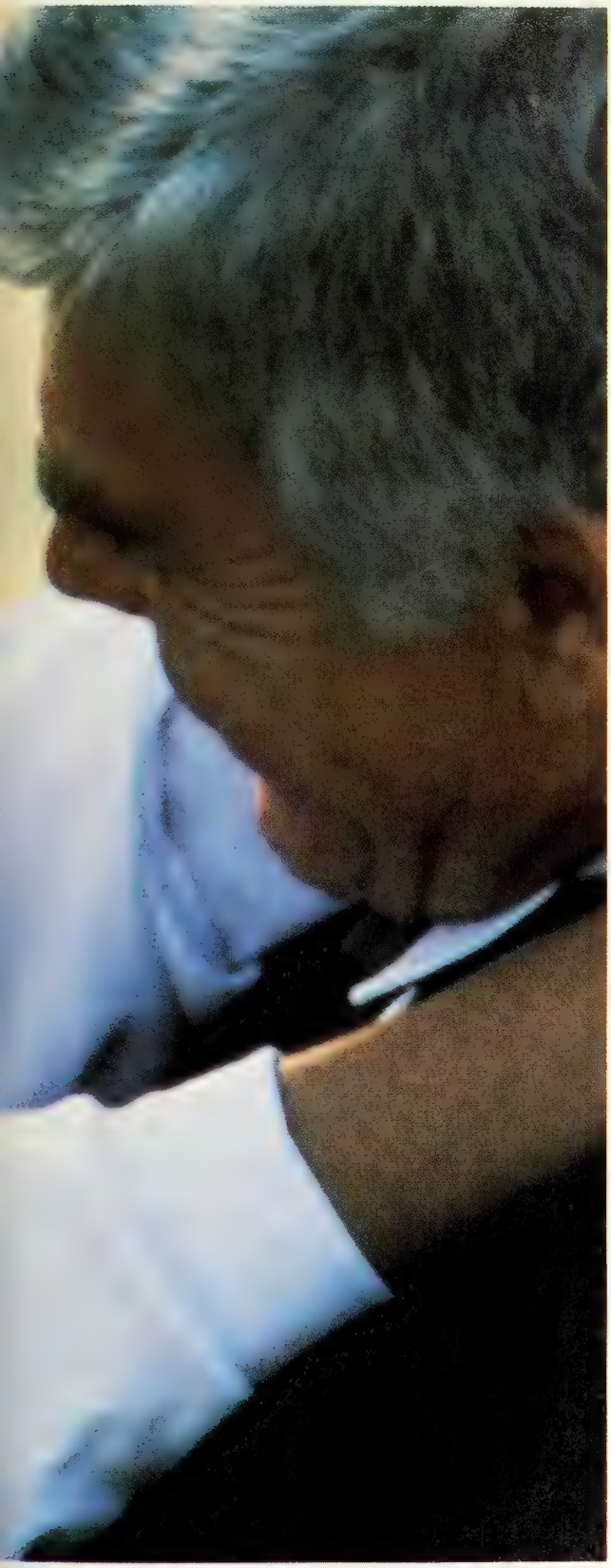

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*PREMARIN is indicated for moderate-to-severe vasomotor symptoms.

Please see following page for brief summary of prescribing information.

For moderate-to-severe vasomotor symptoms and for osteoporosis

PREMARIN®
(conjugated estrogens tablets)

0.3 mg 0.625 mg 0.9 mg 1.25 mg 2.5 mg

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For atrophic vaginitis

PREMARIN®
(conjugated estrogens)

Vaginal Cream

0.625 mg/g

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION AND PATIENT INFORMATION, SEE PACKAGE CIRCULARS.)*

PREMARIN® Brand of conjugated estrogens tablets, USP
PREMARIN® Brand of conjugated estrogens Vaginal Cream, in a nonliquefying base

1. ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA
Three independent, case-controlled studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade. The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semi-annual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equi-estrogenic doses.
2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY
The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that females exposed in utero to diethylstilbestrol, a nonsteroidal estrogen, have an increased risk of developing, in later life, a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1,000 exposures. Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes. Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb-reduction defects. One case-controlled study estimated a 4.7-fold increased risk of limb-reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb-reduction defects in exposed fetuses is somewhat less than 1 per 1,000. In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well-controlled studies that progestogens are effective for these uses. If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP): Moderate-to-severe *vasomotor* symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions.) Osteoporosis (abnormally low bone mass). Atrophic vaginitis. Kraurosis vulvae. Female castration.

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae.

PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens. (See PRECAUTIONS.) The choice of progestin and dosage may be important; product labeling should be reviewed to minimize possible adverse effects.

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 2. Known or suspected estrogen-dependent neoplasia. 3. Known or suspected pregnancy (see Boxed Warning). 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy).

WARNINGS: Estrogens have been reported to increase the risk of endometrial carcinoma (see Boxed Warning). However, a recent large, case-controlled study indicated no increase in risk of breast cancer in postmenopausal women. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens.

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement; it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization. Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease. Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis. When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk.

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock. Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives. Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use. A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed. Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention, such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Oral contraceptives appear to be associated with an increased incidence of mental depression. Patients with a history of depression should be carefully observed. Pre-existing uterine leiomyomata may increase in size during estrogen use. The pathologist should be advised of estrogen therapy when relevant specimens are submitted. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not yet complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen:

a. Increased sulfobromophthalein retention.
b. Increased prothrombin and factors VII, VIII, IX, and X, decreased antithrombin 3, increased norepinephrine-induced platelet aggregability.
c. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T_4 by column, or T_4 by radioimmunoassay. Free T_3 resin uptake is decreased, reflecting the elevated TBG; free T_4 concentration is unaltered.
d. Impaired glucose tolerance.
e. Decreased pregnanediol excretion.
f. Reduced response to metyrapone test.
g. Reduced serum folate concentration.
h. Increased serum triglyceride and phospholipid concentration.

As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

Long-term, continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. However, in a recent, large case-controlled study of postmenopausal women there was no increase in risk of breast cancer with use of conjugated estrogens.

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea, premenstrual-like syndrome, amenorrhea during and after treatment, increase in size of uterine fibromyomata, vaginal candidiasis, change in cervical erosion and in degree of cervical secretion, cystitis-like syndrome; tenderness, enlargement, secretion (of breasts), nausea, vomiting, abdominal cramps, bloating, cholestatic jaundice, chloasma or melasma which may persist when drug is discontinued, erythema multiforme, erythema nodosum, hemorrhagic eruption, loss of scalp hair, hirsutism, steepening of corneal curvature, intolerance to contact lenses, headache, migraine, dizziness, mental depression, chorea, increase or decrease in weight, reduced carbohydrate tolerance, aggravation of porphyria, edema, changes in libido.

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females.

DOSAGE AND ADMINISTRATION:

PREMARIN® Brand of conjugated estrogens tablets, USP

1. *Given cyclically for short-term use only.* For treatment of moderate-to-severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0.3 mg to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.
2. *Given cyclically.* Osteoporosis. Female castration. Osteoporosis.—0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off). Female castration.—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only. For treatment of atrophic vaginitis or kraurosis vulvae.

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.

Administration should be cyclic (eg, three weeks on and one week off).

Attempts to discontinue or taper medication should be made at three- to six-month intervals.

Usual dosage range: 2 g to 4 g daily, intravaginally, depending on the severity of the condition.

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

References:

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MedisGroups: quality assurance in Pennsylvania

David J. Jones, MD

The MedisGroups System to measure the quality of medical care came into the spotlight when the Pennsylvania Health Care Cost Containment Council adopted, on May 7, 1987, the MedisGroups methodology. The council selected it as the means for hospitals and doctors in the Commonwealth to submit certain data about quality as required by Act 89, enacted by the Pennsylvania Legislature in July 1986. The Council's action has underscored the need for doctors to become familiar with what the MedisGroup System is, and what it can do for them and their hosptials.

The acronym stands for Medical Illness Severity Grouping System, developed by MediQual Systems Inc., of Worcester, MA. It is important to distinguish between the "full" MedisGroups System and the abridged version which has been developed in response to the action of the Health Care Cost Containment Council. This abridged system has the single objective of enabling a hospital to satisfy the Council's requirement for two specific pieces of data related to quality: admission severity and morbidity. It will provide little information which a hospital needs for its *internal* quality and utilization review activities. The "full" MedisGroups System, on the other hand, will do both. It will satisfy the requirements of the Council; but it has been developed over the past ten years to assist hospitals and doctors in their efforts to assess both the quality of care and the effective and efficient use of resources. This paper addresses the "full" MedisGroups System, and how it can provide that assistance.

The MedisGroups System is a clinically-based management information system which supports efficient, effective peer review of the costs and quality of inpatient services. It is important to emphasize that the system does not replace peer review. It does not (because it cannot) make judgments about whether a particular hospital's care or a particular physician's care represents quality. It does not make diagnoses or decisions. It does not provide diagnostic or treatment protocols. What it does is provide physicians with a means of conducting peer review with greater objectivity, and with the assurance that they are spending their time more productively by focusing on the most likely areas where problems may lie. Since the system makes no judgments about appropriateness, about quality, or about the costs of services, those decisions remain, as they properly should, with peers on committees such as quality assurance, utilization review, or credentialing.

Table 1. MedisGroups™ Severity Rating Scale

Key Clinical Findings		Severity Group
Potential for organ failure	Probability of favorable response to treatment	
Minimal or none	N/A	0
Low	High	1
Medium	Moderate	2
High	Low	3
Present	Very low	4

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MedisGroups is based on an assessment of the severity of the patient's illness or condition upon admission. This basic characteristic is the foundation of its ability to assist physicians to evalulate outcomes, and differences in outcomes among physicians. All those who have served on utilization or quality assurance committees are familiar with the frequent response to potential problems of quality or utilization which have been identified: "My patients are sicker than other physicians'; my patients are older and have greater chronicity than other physicians'; I tend to get the more difficult cases—hence my greater morbidity or mortality rates." And the fact is, that in any given situation, this may be true. However, by classifying patients individually in terms of admission severity, this system allows peer reviewers objectively to identify differences among physicians in their case loads, in the severity of illness of their patients, so that they can interpret more appropriately the differences, the results, and the costs of diagnosis and treatment among physicians. In many instances, they may be able to support the position that, "my patients are sicker" when that indeed is the case.

Severity in the MedisGroups System is defined as the potential or the probability of organ failure present at the time of a patient's hospital admission. Conversely, it is a way of predicting the likelihood that the patient will respond to treatment. Table 1 illustrates these relationships to the five levels of admission severity which are used. By measuring this severity variable, a point is provided against which peers can assess both quality of care and the resources used to achieve that quality. Those who have developed the system, using a national data base of over 500,000 discharges, have been able to demonstrate the direct relationship between the level of admission severity and the use of resources. As that severity increases, so do length of stay and the costs which are generated by that stay. Similarly, admission severity can predict the development of morbidity and mortality. The sicker the patient is on admission the greater the probability that complications will occur. With this information at hand, quality assessment and utilization review committees can better distinguish between unexpected outcomes or costs which are patient or disease driven, and those unexpected outcomes or costs which are a result of the treatment process itself.

MedisGroups appeals to physicians for several reasons. First, as previously stated, it enhances, rather than replaces their clinically-based judgments about quality and utilization. Second, it be-

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gins at the point where physicians begin—the condition of the patient, rather than with diagnosis. Third, it is based on objective, clinical facts taken from the medical record, such as vital signs, laboratory tests, EKG results, and radiographic findings. And fourth, as the system helps screen cases to allow physicians to focus on where problems may lie, it can do so in an efficient series of steps which lead back to those individual patient records which warrant review by peers; a sharp contrast to random or unfocused selection of charts for review.

The objective clinical facts which are the basis for determining admission severity and subsequent morbidity when it occurs, are called *Key Clinical Findings.* These have been identified, tested, modified, validated, and refined over a ten year development period through a process which has involved hundreds of practicing physicians in hospitals throughout the country. That process has resulted in the current computer software which is the heart of the system, and which is able to predict (based on over a half-million hospital admissions to date) a given patient's probability of organ failure and potential to respond to treatment.

The key clinical findings, the objective clinical data, are abstracted from the patient's chart by individuals trained and continually monitored by a strict abstracting protocol, so that there is neither a need for individual judgment nor an opportunity for personal bias by the abstractor. To support this objectivity, a comprehensive *Glossary* has been developed to provide for, and test for, consistency of record abstracting. It enables the abstractors to account for synonymous terms so that differences in description among individual physicians or from one geographical area to another are controlled. Since the system does not begin with diagnosis, but with the patient's condition upon admission, each chart is abstracted identically, using the glossary and abstracting protocol, with the reviewer identifying the presence or absence of each key clinical finding—for example, blood pressure outside stated levels; abnormal blood gas findings; or the presence of an infiltrate on x-ray.

Once identified, these findings are entered into the computer, which calculates, using the physician-developed clinical algorithms, an admission severity level from 0 to 4. This first review is made using data from the 48 hours following admission. Subsequent reviews can be made using data for any period or at any point in the hospital stay. Morbidity (which is defined as the presence of a new key clinical finding or the continued presence of a level 2, 3, or 4 admission finding) is assessed for those patients hospitalized for seven days or longer. Discharge review is done in the case of death or transfer to another acute care institution. These reviews—on admission, for morbidity, or on discharge—permit the system to generate a clinical case summary which can be used by physicians or by a peer review committee to identify which cases warrant a review of the medical record itself. Some hospital committees have found that in as many as 80 percent of the cases, the clinical case summary provides all the information needed to assess the case and decide what actions, if any, are indicated. This offers a significant saving of committee members' time over the traditional system of reviewing an entire medical record. In summary, the full MedisGroups System, using objective clinical data, assists physicians and hospitals to assess and document their quality and costs more effectively by providing controls for the important variable of admission severity.

To address specifically how the system can be applied in practice, how it can help peer review, it is important to identify the availability of the MedisGroups National Database. MediQual pools clinical data from all MedisGroups users nationwide. By combining relative severity data with health outcomes and use of resources, these data provide useful information through which peer review physicians can compare the experience and results in their hospital with the experience of the aggregated hospitals in the national database. Thus, external norms are available when they are deemed useful by the reviewers to assess quality and efficiency of care. Of course, reviewers may choose to establish norms more or less stringent than those in the national database, or to utilize performance standards from other organizations such as the specialty colleges and associations.

The structure of the system itself allows for flexibility in the development of specific reports. A hospital, for example, might wish to review overall morbidity and mortality rates for each severity group, and compare these data with a comparable previous period, and also with the national database experience. It might then wish to make the same analysis by individual departments. Then, within a medical department, for example, there might be a review of the top ten major diagnostic categories which account for admission to that service. A surgical department might wish to review the 10 (or 15, or 20) most frequently performed procedures. In each instance, results and the costs of treatment can be weighed against the average admission severity of the patients treated for those diagnoses or with the specific surgical procedures.

In these reviews, differences in outcomes among physicians could be reflected in different morbidity and mortality rates, or perhaps different frequencies of unexpected occurrences, such as unplanned transfers to a critical care unit. In each instance, the data do not identify or imply the presence or absence of quality. Rather they enable a peer committee, through its own criteria, to decide if any of the data point to problem areas. Those decisions, to review at a more detailed level, now can be made with the assurance that the reviews will be made within the context of controlled severity of admission. If, for example a surgical review committee decided to review bowel surgery outcomes, the MedisGroups System could identify those cases which, on admission, were all in severity group 2, or those which were all in group 3. By segmenting cases for review, the system provides the physicians doing the review with the confidence that they are considering like cases. That, in turn, permits them to distinguish between outcomes which can be considered a function of the patient's disease or condition from those which appear to have been affected by the treatment process itself.

In addition to improving the productivity and effectiveness of quality assessment, MedisGroups can be useful to physicians as they assist their hospitals in managing the costs of health care. The advent of the DRG (diagnosis related groups) prospective payment system emphasizes the increasing importance of efficiency in delivering health care while still maintaining quality. And as more private health insurance plans move toward comparable schemes of paying "fixed" amounts, re-

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gardless of the actual charges generated, careful use of a hospital's resources becomes increasingly essential. To do otherwise can only compromise the hospital's ability to maintain and enhance diagnostic and treatment capability, particularly through new technology.

The system supports review designed to help manage costs. As an example, a utilization committee might wish to review how hospital resources (services) are being used to diagnose and effectively treat patients discharged within a specific DRG or group of DRGs. In this instance, MedisGroups could provide the committee with a list of cases of the same admission severity, and without any subsequent morbidity and mortality. Through the identification of differences (if they are significant) in ancillary services charges, a pattern might emerge for a particular physician. It is important to state that in this instance there is no implication that there is a quality problem. The physician is identified, instead, as achieving comparable results (no morbidity or mortality) with comparable patients (all of the same admission severity) as his peers, but through the expenditure of greater resources (hospital charges). The determination of what steps may need to be taken when problems are found can be made with a sense of objectivity and fairness.

There are additional reporting and analysis functions which the system can strongly support: procedure monitoring to focus surgical review, the use of blood, appropriateness of admission, or risk management, to name a few. In each instance the principle remains the same—objective clinical facts, rather than subjective data and opinions, are used to enable reviewers to compare like patients in terms of the severity of illness they "brought to the transaction." In each instance, data from the national database are available to be used as a reference tool.

The foregoing illustrations of how the MedisGroups System can be of practical use to physicians in the review of quality and of utilization, are intended to help point to a bigger, often sobering and frustrating reality. That is the series of new demands being placed upon hospitals, their medical staffs, and individual physicians. Information required by the Health Care Cost Containment Council is but one example. New requirements of the Joint Commission on Accreditation of Hospitals for outcome analysis are another. Credentialing, and recredentialing for hospital staff privileges will clearly be done with more rigor and with the necessity for more objectivity than in the past. Nationally, concerns regarding the effects on quality that constraints of dollars will have in the Medicare and Medicaid programs continue and likely will increase. Each of these concerns underscores how essential it is, as never before, for hospitals and individual physicians to know more about their care—to have more objective information about its costs and its quality—than anyone on the outside looking in can ever have. In that way, when questions are asked, comparing one hospital with another, or one physician with another, those being questioned or challenged will be in the strongest possible position to respond.

The MedisGroups System can help in that process. It can do so, however, only if there is a commitment jointly by the hospital and by physicians to understand it, to exploit its potential to assist them, and finally to address the problem it has helped them identify. □

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Perforation of the appendix: a cause for concern

Michael A. Ricci, MD
William C. Beck, MD, FACS

When Reginald Fitz described acute appendicitis in 1886, 92% of his patients had perforated the appendix.[1,2] The overall mortality rate was 26%; 40% of the patients underwent surgery. By 1937, in the state of Pennsylvania, the mortality rate from appendicitis had fallen to 3.39%, but perforation with spreading peritonitis was responsible for 92% of deaths.[3] Probably through the efforts of the Commission on Appendicitis Mortality, mortality had decreased from 1.1% in 1942 to 0.69% in 1946; perforation was decreased from 17% in 1937 to 3% in 1950.[3,4]

A recent review at our institution revealed a startling rise in the perforation rate from zero in 1944 to 31% in 1984.[5] A search for an explanation prompted a re-examination of earlier statewide efforts to prevent appendicitis with perforation and death.

Commission on Appendicitis Mortality

As president elect of the Pennsylvania Medical Society in 1933, Donald Guthrie, MD, presented a resolution to prevent appendicitis mortality.[6] Dr. Guthrie had been stimulated by a paper read at the 1932 American Medical Association meeting by John O. Bower, MD, of Philadelphia: a prophylactic campaign in that city, begun in 1929, succeeded in reducing mortality.[3] The Medical Society acted swiftly and the Commission on Appendicitis Mortality was established just two months later.[7]

The new commission had its first meeting on January 24, 1934 in Harrisburg.[8] Dr. Bower was appointed chairman; other committee members included Paul Correll, MD, Easton; Maxwell Lick, MD, Erie; Joseph P. Replogle, MD, Johnstown; and John W. Shirer, MD, Pittsburgh. Their initial goals included public and physician education by articles and talks directed at county medical societies, health lectures to school students and civic groups, and distribution of warning stickers (Figure 1). The ultimate aim was to carry out Dr. Guthrie's idea to lay the foundation for a permanent appendicitis commission and a statewide survey on appendicitis mortality.[3,8]

The first goal was accomplished when the PMS House of Delegates established a permanent commission in 1935.[9] Funds were made available to produce the statewide survey on appendicitis, published in 1940.[3] The report emphasized the nature of the problem: "Every person has had a friend, relative, or acquaintance die from appendicitis."[3] The first report of its kind in the United States, it included 19,398 cases of acute appendicitis from 181 counties. The overall mortality rate of 3.39% was related to several factors. Operation within 24 hours of the onset of symptoms resulted in 1.37% mortality, whereas if operation was done by 48 or 72 hours mortality increased to 3.85% and 5.91%, respectively. More than a 72 hour delay resulted in the death of 7.44% of patients. The cause of death in 92% of patients was spreading peritonitis; if perforation did not occur, no deaths were attributable to the operation, other than unavoidable postoperative or anesthetic complications. Mortality in patients with appendicitis who did not receive a laxative was 1 in 64; if the patient received more than one dose of laxative, the risk of death increased to one in twelve. Mortality was highest in the first decade of life and after the fifth. The study restated the emphasis on avoidance of home remedies, early diagnosis and surgical consultation and, finally, early surgery to "wipe out the ninth principal cause of death in the United States."[3]

With continued vigor, the commission expanded its educational efforts. Blood donor clinics to develop an "anti-peritonitis" plasma were initiated.[10] Although the war years slowed the educational effort,[11] the second statewide survey reported more than a 50% decrease in mortality over twelve years (1.1%).[12] The same warnings about laxatives and delay were restated with the additional admonition that sulfonamide treatment alone would not prevent death.[12]

By that time, nationwide attention had been directed to the problem. The Metropolitan Life Insurance Company was sponsoring a national educational campaign based upon the Pennsylvania Medical Society's efforts and results.[13]

The third, and final, statewide survey reported a remarkable decrease to 0.69% mortality.[14] They stated their goal to "eradicate acute appendicitis deaths. There need be no appendicitis problems in the future in Pennsylvania."[14] The campaign to prevent death from appendicitis had become "self-perpetuating" so, a few years later, the commission was abolished.[15] A new commission to investigate shock, the ultimate killer of those patients with spreading peritonitis, was established in its place.[16]

Recent reports

In light of this historical review, a disturbing report from Altoona appeared in PENNSYLVANIA MEDICINE in 1967.[16] From 1945 to 1964, 2,117 cases of appendicitis were treated at the Altoona Hospital. The incidence of appendicitis (based on hospital admissions) decreased from 1.38% in the first ten-year period to 0.8% in the second decade. A normal appendix was removed 21.9% of the time from 1945 to 1954, but only in 6.9% of cases from 1955-1964. An increase in overall mortality occurred: 0.6% from 1945-1954 to 1.2% in 1955-1964. Fatal perforation included 0.4% of all cases in the first decade study, but increased to 0.82% in the second ten years. Thus, just four years after the

The authors are affiliated with Guthrie Medical Center in Sayre.

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OBJECTIVES: The objective of this course is to provide physicians involved in medical care of the surgical patient a review of disease processes which affect the morbidity and mortality of patients undergoing surgery and a rational approach to the management of these problems. Through the use of State of the Art Reviews, Therapeutic Updates, Special Problems, and Core Consultative Seminars, a distinguished faculty will discuss the multisystem approach to assessment of operative risk and maximization of perioperative care. Case oriented workshops will provide an informal environment for faculty/participant interaction and discussion.

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abolition of the Commission on Acute Appendicitis Mortality, the rate of perforation and death seemed to increase at this community hospital.

Around the same time, a similar study was published from our institution.[17] Though the incidence of the disease decreased, the age distribution included more patients over 50 years of age. Mortality was zero in 1944 and 1964, but the perforation rate increased from zero in 1944 to 13.6% in 1964. A plea for early diagnosis and treatment, as well as a renewal of education efforts, was made.

Twenty years later, a study at this institution revealed a startling increase in the perforation rate to 31%; mortality was again zero.[5] A detailed analysis of 70 cases of appendicitis treated in 1984 at the Guthrie Medical Center revealed three major factors responsible for the increase: [1] a shift in the age distribution to include more patients less than 10 years old, [2] delay in hospitalization, and [3] delay in therapy. Most patients received expedient treatment (incision about four and one half hours after hospitalization) and only nine waited more than 12 hours for surgery. The surgeon was considered responsible in a single case, since the others had a prolonged duration of symptoms before hospitalization. The major delay occurred before hospitalization by both the physician (14% of patients were examined prior to eventual admission) and the patient.

Recommendations

Mortality from acute appendicitis remains low in spite of a high perforation rate. Although modern surgical techniques and effective antibiotics may help prevent death following perforated appendicitis, serious morbidity and prolonged hospitalization still result after perforation.[2]

A renewed effort at public and physician education is necessary to achieve a reduction in perforation rates. The possibility of re-establishing an ad-hoc appendicitis commission to direct such a campaign should be considered by organized medicine. Early hospitalization and surgical consultation are required, as well as an aggressive approach to diagnosis and treatment. Periodic review of acute appendicitis at individual institutions is encouraged in an effort to identify and modify trends in the disease process. □

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practice management

Choosing a computer for the medical office

The Health Care Group

Computers are becoming more and more a part of our lives. We bank by them. Our groceries are checked out by them. We often receive phone calls from them, with messages designed to sell services or to undertake consumer surveys. It is, therefore, not surprising to find computers becoming more prevalent in medical practices.

In our ongoing work with physicians and their medical practices, a fair amount of our time is spent in this area. Physicians want to know whether or not they should computerize, and if so, how to select the right system. An equal number of clients, however, ask us what to do about their existing systems to better fit them to their practices.

While some of the problems these physicians are experiencing are caused by internal matters such as poorly organized job duties, marginal employees, and poor collection of data, a number of the problems are the results of a poor choice of system. All too often we find surgical practices using software developed specifically for primary care practices. In these instances, capabilities for processing insurance claims fall short of the surgical practice's needs, and because of that, cash flow is greatly hindered.

Physicians are a big market for the computer industry. There are thousands of established companies competing for your business. There are also a number of new companies looking for their chances to break into the medical field. All of these companies say they have the best system for you. Unfortunately, you have to sort through the hype and glitter of good sales promotions to choose that one system that best meets your practice's needs. Unless you follow a set routine when undertaking the selection process, you could join the ranks of all the physicians seeking their second computer systems.

In too many practices no routine is followed when a system is purchased, and the result is installation of an inadequate system that costs money in wasted time, lost charges, and aggravation. This article addresses the steps which are most critical to selecting a computer system.

Step 1

Know your practice; plan for the future—Before you can begin to look for a computer system, you must know something about your practice. What special needs do you have that another practice might not? Remember that the computer system another physician chose for her solo practice may not be able to service your five-doctor group. As an example, perhaps your practice includes a separate laboratory entity. While both of these entities may share similar patients, you definitely want to track their production separately. You therefore want a system that can handle multi-corporate entities.

In short, you must first take the time to consider the various requirements that your chosen computer system must fulfill. In so doing, consider carefully the future of your practice with regard to expansion in services, doctor numbers, and satellite facilities. Your chosen system should encompass these needs if you are to avoid the time, cost, and aggravation of replacing the system in which you first invested.

Step 2

Define your selection criteria—This is a very important part of the selection process. There are a variety of items that you might *want* the computer system to do for you. There are, however, some very specific things you *need* a computer system to do for you. Those needs are important to your selection process.

Unless you take the time to develop a list of "wants" versus "needs," it is easy to get sidetracked and end up purchasing software inadequate for your initial needs. While you certainly should consider future system capabilities, those *initial needs* should be of primary importance.

As part of step two, give some thought to your expectations in computerizing your practice. If you are doing so to replace employees, you are going to be disappointed. A computer *may* prevent you from having to hire additional personnel by making the paperwork more manageable, but it rarely allows a practice to cut employees. The main purposes for computerizing your practice should be increased efficiency, improved data collection and management, and improved services.

Last but not least, develop a realistic budget so that you have some guidelines to follow when reviewing systems. You can spend anywhere from $10,000 to $100,000 when purchasing a computer system. You need to know what you can afford to help you in the selection process.

Keep in mind, however, that unrealistic price expectations will hinder your system search. You get what you pay for in most instances. It is, therefore, important to be realistic about price when developing your computer budget.

Step 3

Gather some basic statistics—This is an important step because data are necessary to obtain a quote on a system adequate for your needs. While most vendors will recheck these data themselves,

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The contributing authors, Patricia M. Salmon and Dorothy R. Sweeney, are principal consultants with the Health Care Group, Bala Cynwyd. *This article is the third part in a series on medical office management and administration. The first part—on personnel issues—appeared in February 1987. The second—on billing procedures—was published in April 1987.*

it is *your* practice. You, therefore, know your patient types far better than the vendors.

We consulted with a primary care practice whose principals had purchased a computer that outgrew its capacity in four months. A review of some data led us to discover that the vendor calculated the system size based on 4,000 *patients* instead of 4,000 *families.* That *small* error, as you can imagine, made all the difference in the world.

Since it is your computer system, you should be involved in the data collection process. Information you should consider is:

1. Number of inpatients and outpatients seen per month;
2. Number of procedures performed per month;
3. Number of total active patients;
4. Number of new patients seen per month;
5. Number of insurance forms generated per month;
6. Number of bills sent per month.

When gathering these statistics, get your staff's input. In many instances, they are more familiar with this information than you and their ideas are vital to the selection process.

Step 4

Prepare a detailed request for proposal (RFP)—Many physicians rely on the vendors' advertising literature to make their choices. Going this route makes it very difficult to compare one system to the next because advertising literature understandably highlights the system's advantages and rarely addresses its disadvantages. To avoid missing key pluses or minuses, you, therefore, should have a method for comparing potential computer systems in like fashions. Preparing a document called a Request for Proposal (RFP) allows for that type of comparison.

A Request for Proposal is a series of questions addressing hardware, software, service, support, training, and finances. If compiled properly and submitted to the vendors under consideration for completion, this document forces all the vendors to answer your questions in a similar fashion. It therefore allows you to compare apples to apples, thereby increasing the likelihood of your choosing the best system for you.

While many practices prepare their own RFPs, there are a variety of outside sources from whom you can purchase such a document. Many of the specialty societies have RFPs which you can obtain by writing to them, as do many consulting and accounting firms. However you go about developing such a document, recognize that it is a very important part of your selection process.

Step 5

Research vendors—Once the Request for Proposal is developed, you need to submit it to a group of vendors for response. We recommend submitting this RFP to about six to eight vendors depending upon the size of the practice. Before you can submit the document, however, you need to consider which vendors should receive the RFP.

The following are the criteria we feel are important to consider when choosing a vendor:

A. Consider vendors who specialize specifically in medical practices. Third party billing is not similar to general business billing. It is, therefore, important that the potential vendor understands the mechanics of this process as well as the general operations of a medical practice. If he does not, he cannot develop a software package adequate for your needs.

B. Only consider companies with proven track records. We prefer companies with 2 to 3 years' experience in the medical field and ones having from 100 to 150 installations.

As mentioned earlier on, there are a number of companies looking for ways to break into the medical marketplace. We caution you not to be among their first sites. While many of these companies develop very fine products, you could end up being the guinea pig for their learning experiences—a situation that is not beneficial to the practice, since learning time is costly even with discounted prices for product development.

C. Always select software first. While hardware is important to your selection process, software is *the most* important part of the computer purchase. Be sure to concentrate in that area.

D. Look for a turnkey company. That is a company who supplies hardware, software, service, support, and training all for one price. This prevents you from running into the frustration of having a software problem only to have the software dealer tell you that it is a hardware problem or vice versa. In the end,

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the problem is usually yours as the separate vendors fight it out and you are left with a system that is not functioning. A turnkey vendor is in charge of taking care of all aspects of the system for you. This eliminates "passing the buck."

E. There are a variety of sources for suggested computer vendors. Many specialty societies have recommended products they endorse. Practice management magazines are full of advertisements for such vendors or your peers probably know of some systems. Identifying potential systems should, therefore, not be a problem. Be sure, however, to do some research on these companies before sending them your RFPs.

Step 6

Evaluate proposals—Once you have researched the vendors, sent out proposals, and received the completed RFPs, you should set aside time to review responses. Look for completeness in response and in following directions. Compare hardware type and configurations (e.g., number of terminals suggested). Pay close attention to key software questions. Compare prices, training programs, and support services.

Then, narrow down your options to the two systems you feel best meet the criteria. Arrange for an on-site practice demonstration of these systems so that you can get the opportunity to see them in operation. Be sure to check references for any vendors under consideration.

After you have gone through this entire process, step by step, you should be ready to make a system choice based on complete and logical information. Before signing any contracts, however, be sure to have your computer contract reviewed by an attorney familiar with such documents. Also, be sure you clearly understand your responsibilities for installation and the computer vendor's responsibilities for training.

While every practice is different, this basic routine greatly increases a physician's ability to choose the best computer for his needs. Since the purchase of a computer is an expensive proposition, spending time considering the best system can only benefit the practice in the long run. We urge you to consider each of these steps for computerizing your practice whether you are making your first selection or upgrading your system. □

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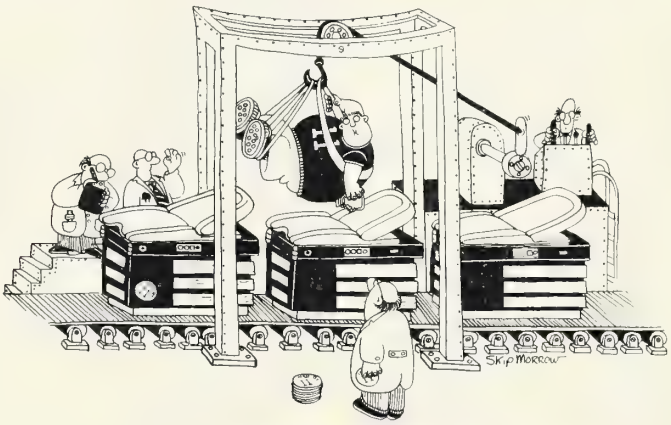

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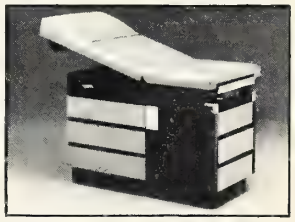

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Psychiatric care for children with spinal injuries

Kenneth H. Gordon, MD

This report centers on the psychiatric treatment of 146 consecutive patients with spinal cord injuries (SCI) admitted to Shriners Hospital for Crippled Children in Philadelphia, from 1980-1986.

The psychiatric complications of SCI are profound. Every system of the body is affected by the injury. When our spinal cord injury unit (SCIU) was set up, it was decided that a child psychiatrist should help to manage the patients' care. Psychiatry is useful in three areas in treating SCI: (1) dealing with the patient; (2) dealing with the hospital staff; and (3) dealing with the family.

Dealing with the patient

The child's age influences the nature of the help he needs. Each child's program is specifically designed taking into account his physical, emotional, and personality development as well as his disabilities.

Infants primarily need the care of their parents or parent substitutes, particularly their mothers. Since the infant cannot be taught to care for himself, the parent must learn. In addition to regular rehabilitation care, the staff helps to stimulate the infant to maximize his emotional and ego development.

The problems of pre-school children differ from those of infants, latency age, and adolescent children. They continue to be dependent on caretakers; e.g., children cannot learn to catheterize themselves until about age six. They need help in verbalizing their reaction to their disabilities and continue to need the presence of their parents.

In older children and adolescents who had fully-developed motor functions at the time of the injury, the psychiatric complications begin with denial of the injury. Most patients insist, "I'm going to walk out of here no matter what anybody says." Upon giving up denial, with help from the staff, the patient goes through reactions similar to those of the dying patient. Usually he has episodes of rage and profound grief before developing an acceptance of the fact that he is permanently handicapped. It is only when the patient becomes able to accept the extent and nature of his disability that he is able to make maximum use of the rehabilitation program and develop maximum independence in activities of daily living. There does not appear to be any of the "bargaining" reported in the dying patient, probably because there is nothing to bargain about. The injury has happened and the disability is present. (For the dying patient, death has not yet occurred.)

Early intervention is most effective. In traditional rehabilitation centers in 1980, patients did not receive rehabilitation treatment until they were well enough to go to therapy. In our SCIU, acutely injured patients who can not go to physical therapy (PT) or occupational therapy (OT) are seen at the bedside. Psychiatric management also is part of the treatment from the start, and the child psychiatrist saw each patient regularly.

It takes about four months for the average child or adolescent with SCI to get to the point where he is able to accept his disability. In the beginning, the denial is overt. Most patients have repetitive dreams of vigorous physical activities they can no longer perform, such as running, gymnastics, and dancing. Some patients with quadriplegia see only their heads in their dreams, possibly because that is the only part of them still intact.

The author is clinical professor of psychiatry at Thomas Jefferson University, adjunct professor of child psychiatry at Temple University School of Medicine, and a consultant at Shriners Hospital for Crippled Children.

Of the first 146 cases, only 25 came from families with no major problems. Many of the children's injuries were due to carelessness, rather than accidents. For example, a young man was rappelling down a cliff and forgot to tie the rope. A young woman had the habit of driving her car as fast as it would go when she became angry and finally had a single vehicle accident.

Almost all our patients had concerns about sexuality. Each person on the professional staff has been trained to be alert for subtle hints patients give when they want to talk about their sexuality and each staff member is prepared to discuss these concerns with the patient. Each person on the staff has been selected by one or more patients to share their concerns about sexuality.

Dealing with the hospital staff

The staff helps the patient to deal with his denial, rage, and grief so that he can accept his disability. Everyone on the staff is educated to help the patient achieve this result.

In order to handle a patient's rage effectively, the staff was taught how to handle transference and countertransference reactions. (Transference occurs when the patient believes you are God or the devil; countertransference occurs if you believe him.) A late sign of an unresolved transference-countertransference problem is manifested when various members of the staff complain about others, usually one professional group about another. These destructive conflicts can be avoided by early handling of transference and countertransference problems. This usually is effected by staff using the psychiatrist as a consultant on a regular basis. These consultations are not formal case conferences, but simply involve the psychiatrist talking with each staff member each week. On his weekly visits the psy-

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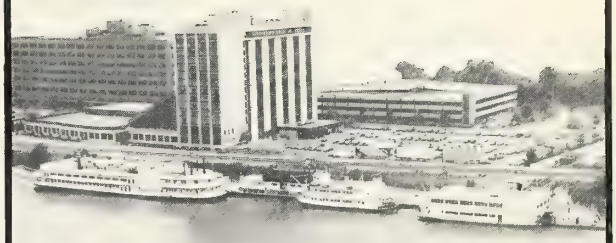

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chiatrist divided his time between patients, staff, and families. This included a weekly treatment team meeting, where all staff members shared their concerns.

Empathy and compassion

The professional staff was taught to develop an appropriate level of empathy. Empathy is the ability to feel what the patient feels and leads to understanding and compassion. Without empathy we cannot help. With too much empathy, staff members take SCI home with them. We had no cases of burn-out on our SCIU staff.

Symbiotic regression

In the first two years of work at our hospital, we observed five cases of symbiotic regression (SR) (Gordon & Rosenfeld, 1985). For unknown reasons this happened only to mothers and their adolescent boys with high spinal lesions. The mothers and sons regressed together to the point where the boys acted like mute, helpless infants. The mothers isolated themselves and their sons in the boys' darkened rooms. The couple developed paranoid distrust which went so far as their refusing to eat hospital food or even drink hospital water or soft drinks. Against the rules these mothers brought food and drink from outside. A blurring of boundaries between mother and staff occurred.

We developed treatment and prevention methods for SR, based on a psychiatric-developmental understanding of the syndrome. Each member of the professional staff spent 30 minutes a day talking and eating with the mother. Peer contact was provided for the youth. I initiated meetings with each of the five mothers, who, in the private meetings were able to talk about their grief. This treatment took, at most, a day and a half, and worked successfully in each case.

We learned how to detect the early warning signs of SR and in the past four years have been able to prevent at least ten additional cases. We made sure the mother did not isolate herself with her son. Each member of the rehabilitation team spent time talking with the mother and boy so that this syndrome did not develop. By anticipating SR, we were able to prevent its development and the attending discomfort of dealing with it.

The staff learned to handle transference phenomenon by using their feelings as a barometer. For instance, if the patient is aggravating to the staff person, the chances are the patient is behaving in an aggravating manner. If a staff person is attracted to a patient, the chances are the patient is doing something to attract him. Some signs of important countertransference phenomenon are as follows:

1. Avoidance of the patient due to—
   a. fear of the patient's rage;
   b. fear of the patient's grief;
   c. fear of the patient's sense of hopelessness and helplessness;
   d. the staff person's sense of helplessness at being unable to do something for the patient;
   e. the patient's unreasonable expectations of magical help from the staff and his anger when it does not materialize;
   f. fear of patient's family.
2. Looking forward with pleasurable anticipation to being with the patient. This is usually caused by a countertransference reaction to the patient's childish expectations of the staff person.

Either dread of or pleasurable anticipation of seeing the patient is a sign that some type of countertransference is part of the relationship.

We must balance the amount of closeness we have with a patient. Excessive closeness can lead to rescue fantasies. In the long term care of the injured person, a very definite, positive bond of affection usually develops between the professional staff and the patient. This is not to be confused with transference and countertransference phenomenon. Only by having the right amount of closeness can we help our patients. If we are not close enough, and do not have enough empathy, we will be unable to help them. If we are too close, we will find ourselves subjected to demands from patients that we are unable to fulfill or our expectations from them will not be based on a realistic assessment of the situation.

Dealing with the family

Parents are the very heart of a child's world. In a sense, people in the helping professions become substitute parents if a child is in the hospital for a long time. However, we can never really take the place of a parent.

We cannot underestimate the importance of parents to the child. This is because of a fundamental characteristic of the human being: the prolonged, extensive, complete dependency of the human infant. We must remember that we were all infants. Also, we must remember that critically sick or injured people automatically regress and must be met where they are if we wish to help them. This does *not* mean that we foster regression, but that we diagnose it and cope with it.

Parents of seriously injured children undergo many of the same reactions as parents of the dying patient. There is usually an initial denial: "It can't happen to my child." It is especially difficult for the parents if they were in some way responsible for the child's injury (which is frequently the case). After the parents are able to give up their denial, they tend to develop rage, bargaining ("Why didn't God let this happen to me instead?"), grief, and finally acceptance of the way things are.

Parents need help to deal with rage and grief, and the professional staff members who are caring for the patient in the hospital can provide help to the parents, too. The forces at work in patients also are manifested by parents. It takes time and effort to understand parents, just as it takes time and effort to treat a child with spinal injuries.

Summary

Psychiatric treatment is a helpful component in managing children with spinal injuries. Areas of use are:

1. Helping children adapt to the psychiatric stress of an injury that affects every system of the body;
2. Helping staff deal with difficult and intricate problems of transference and countertransference; and
3. Helping parents adapt to the practical problems involved in caring for a seriously injured child. □

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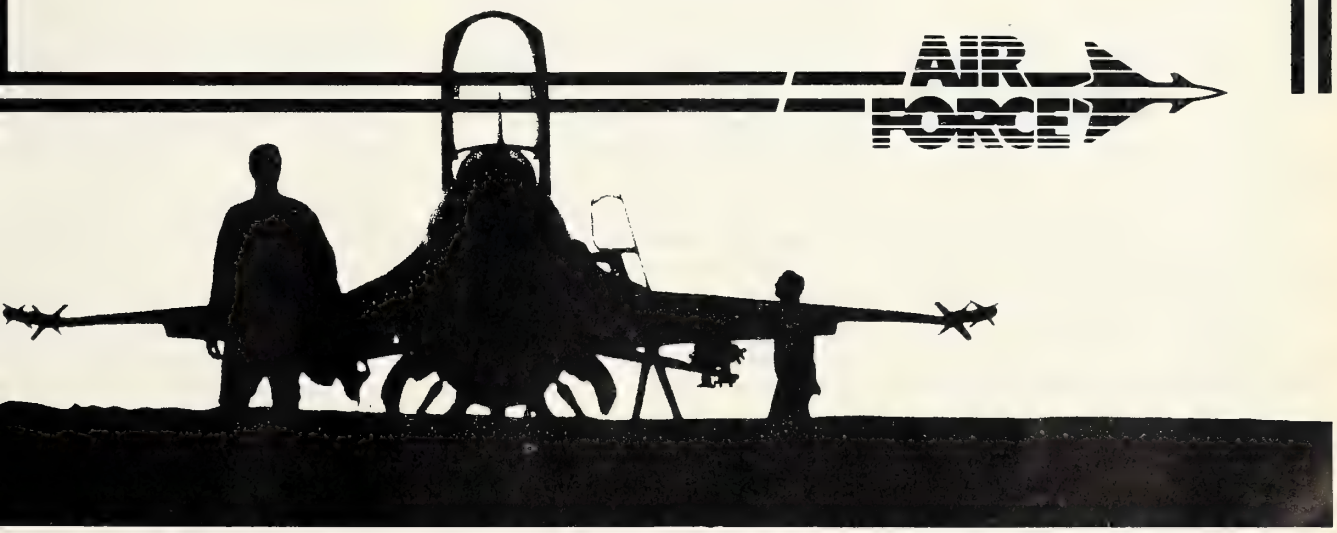

special feature

Sectarian medical periodicals of Pennsylvania

Part one—development of sects

Suzanne M. Shultz

This two-part series deals with the sectarian literature of the nineteenth and early twentieth centuries. "Sectarian journals blossomed during the period when popularity of the movements was at its greatest. The journals provided a platform to further theories relating to health and fitness, nostrums and cures, and practice of medicine. They contained anecdotal reports and correspondence, in contrast to the more scientific presentation of the orthodox or regular periodicals." Part one covers the development of the Thomsonian, eclectic, and homoeopathic sects in Pennsylvania.

Over the years, many librarians, historians, and medical scholars have assembled lists of medical journals published in the United States.[1-13] Most of the reviews are national in scope, listing periodical titles as they appeared from all states. Some studies have been limited to individual states and to specific time periods.[14-17] A few of these bibliographies have included meager references to the sectarian publications. A history of these periodicals as well as any extensive list has been largely relegated to the sectarian literature of the nineteenth and early twentieth century.[18-20]
the period when popularity of the movements was at its greatest. The journals provided a platform to further theories relating to health and fitness, nostrums and cures, and practice of medicine. They contained anecdotal reports and correspondence, in contrast to the more scientific presentation of the orthodox or regular periodicals. Editorial material was opinionated and written in the flowery prose that was popular to the era. In this respect, sectarians may not have differed so markedly from some of their more respected colleagues, who were said to have used their journals as "an indirect advertisement for certain individuals" or as a forum from which "the editor (could) speak his mind and attack his adversaries without restraint."[1]

The purpose of this study is to review the sectarian journals published in Pennsylvania to 1880. This date was chosen because eclectic (botanic) medical colleges had all but vanished by the close of 1865.[21-22] A few neo-Thomsonian schools were founded after the Civil War, but only three survived until 1900. None were located in Pennsylvania.[23]

Seven eclectic medical schools were chartered in Pennsylvania. The American College of Medicine in Pennsylvania closed in 1860. It became the American College of Medicine in Pennsylvania and Eclectic Medical College of Philadelphia in 1860 and conducted classes until 1865. It then changed names and was chartered as the Philadelphia University of Medicine and Surgery in 1865 and survived until 1880. Both the Eclectic Medical College of Pennsylvania and the American University of Philadelphia also closed in 1880. Penn Medical University closed one year later in 1881. The Female Medical College of Pennsylvania was chartered in 1850 and still survives today as the Medical College of Pennsylvania.[22,24]

Homoeopathy began later and Pennsylvania claims three colleges of this inclination. The North American Academy of Homoeopathic Healing Art was founded on April 10, 1835, and opened for classes November 1, 1836. Instruction was entirely in German. The last meeting of the academy's directors was 1842. The Homoeopathic Medical College of Pennsylvania, incorporated April 8, 1848, and Hahnemann Medical College of Philadelphia, incorporated July 17, 1867, merged on April 12, 1869, and survives today as Hahnemann Medical College and Hospital of Philadelphia.[18,22] A fourth college, the Independent Medical School of Pennsylvania was charted on May 8, 1854, but was never organized.[18]

During this period, 23 sectarian journals were initiated in Pennsylvania. Of these, 11 were homoeopathic. Only seven of the 23 continued longer than a decade; four of these were eclectic, and three homoeopathic. The average longevity of all sectarian journals of Pennsylvania reviewed for this paper was 10.8 volumes. Excluding the two homoeopathic publications that continued for 46 and 84 volumes, the average 5.6 volumes gives a more accurate picture of survivorship. The shortest-lived title produced one number of one volume and ceased. Two titles were reissues of previously published journals and appeared under new names. Eighteen journals were begun in Philadelphia, and the remaining five in Allentown, Pittsburgh, Millville, and Carlisle. No medical classics as defined by Ash appeared in any of the journals reviewed for this paper.[25]

Journals for the purpose of this paper are defined as publications that came out or were intended to come out at intervals whether weekly, quarterly, monthly, or annually. Since many of these journals did not proceed for any great length of time, the intention to publish at more or less regular intervals was considered sufficient for a title to be included. Editorial staff is cited

The author is the librarian at Polyclinic Medical Center, Harrisburg.

where it is known and concise background material included.

So that the course of development of sectarian periodical literature can be more clearly understood, a brief sketch of the founding and beliefs of the three main schools of thought follows.

The sects

The rise of Thomsonian, eclectic, and homoeopathic medicine in the United States was more a reaction against allopathic or orthodox medicine than a conscious effort to establish a competitive medical system. The account of the treatment received by George Washington at the hands of the regular physicians of the time probably explains more clearly than any logical historical essay, the reason for public discontent which led to the rise of sectarian medicine.

Washington's ailment was said to have been an inflammatory condition of the windpipe, complicated by fever and dyspnea. Blanton reported the treatment as follows:

> The necessity of blood-letting suggesting itself to the General, he procured a bleeder ... who took ... twelve or fourteen ounces of blood ... Two consulting physicians were immediately sent for ... In the interim were employed two copious bleedings; a blister was applied to the part affected, two moderate doses of calomel were given, an injection was administered which operated on the lower intestines ... Upon the arrival of the first of the consulting physicians, it was agreed ... to try ... another bleeding, when about thirty-two ounces were drawn ... ten grains of calomel were given, succeeded by repeated doses of emetic tarter, amounting to five or six grains ... Blisters were applied to the extremities, together with a cataplasm of bran and vinegar to the throat ... He expired without a struggle.

Later in this report it was noted that "several hours before his decease, after repeated efforts to be understood, (he) succeeded in expressing a desire that he be permitted to die without interruption."[26] All of this treatment occurred in the short span of two days.

Orthodox physicians placed great faith in their aggressive therapeutic efforts, employing copious amounts of calomel (a chloride of mercury), emetics, and blood-letting. Too often patients came to a tragic end much more quickly as a result of their doctor's heroic measures. The people were ready to accept a change but no reasonable alternative presented itself until the coming of the sectarians. The founders of all three sects were motivated by anti-orthodox feelings. It was not until the sects became popular and widespread that competition both within and without became evident.

Samuel Thomson (1769-1843), a New Hampshire farmer, was the founder of the Thomsonian movement, a primitive herbal or botanic medicine sect. Thomson dabbled in herbal medicine throughout his early life and acquired the trappings of this trade from herb and root doctors.[27] With the death of his mother, which he attributed to regular physicians, and his wife's postpartum illness which was not improved by physicians' treatments, Thomson became firmly committed to botanic remedies.[21] He began by treating his family and subsequently gave up farming to become a traveling practitioner of his new-found calling (for which he was never formally educated).

His system, similar to a health maintenance organization of today, organized members into Friendly Botanic Societies. He obtained a patent from the United States government for his system in 1813. He was granted a second, modified patent in 1823, and a renewal in 1836.[28] The purchase of his book, "The New Guide to Health," entitled one to become a member of a society bound to all other members to provide advice and assistance in times of illness.[21]

Thomson claimed a large following which inevitably led to bitter conflicts both with regular and other botanic physicians. In 1809, he was arrested and jailed on a charge of murdering a patient by overdose of his universal remedy, lobelia. He was acquitted, through the testimony of a noted botanist, on lack of evidence.[29-30] A countersuit for libel was unsuccessful.

From Maine to Georgia, New York to Indiana, Thomsonianism had spread to the entire United States. The popularity of his movement was, strangely, also its downfall. The patented system which was supposed to be Thomson's was no longer really his. It had attracted many other botanic physicians and there were increasing attempts to institutionalize the movement through the establishment of botanic medical colleges. The grand experiment in medical populism was about to end.

Out of the ashes of Thomsonianism grew the eclectic sect, the weakest of the three movements. The eclectic method, the selection of what appears to be the best of various doctrines, was primarily an outgrowth of the botanic school of thought. But these practitioners also employed the use of minerals and blood-letting albeit not to the extent that the regular physicians did. The lack of a clear-cut difference between eclecticism and either Thomsonianism or orthodoxy probably explains the small following it received.

Wooster Beach (1794-1859) was the earliest spokesman for the eclectics, and is credited with founding the sect which he called the Reformed Practice of Medicine. Beach was born in Trumbull, Connecticut. Like Samuel Thomson, Beach was interested in botanics early in his life and set about gathering information from root and Indian doctors.[29] He studied medicine in an apprentice-type capacity with a botanic physician from New Jersey, Dr. Jacob Tidd. Dr. Tidd is said to have acquired much of his botanic acumen from a relative who was captured by Indians.[27,31]

Beach founded Worthington Medical College in Worthington, Ohio, in 1830.

The school embraced a number of Thomsonians on the faculty. Interfaculty strife, lack of money, and an incident of supposed body-snatching caused closure of the school in 1839. Some of the faculty of Worthington relocated to Cincinnati where they founded the Eclectic Medical Institute. The Institute survived well into the twentieth century.[21]

Beach later founded the National Eclectic Medical Association and was its president in 1855. He wrote four major textbooks, the most important of which was a three volume work entitled the "American Practice of Medicine," published in 1833. For his effort, he received international recognition and acclaim.[32]

Eclecticism contributed to the institutionalization of botanic medicine, but the colleges, while more learned than the botanics, were less educationally sound than those of the regulars. The most notable contribution of the eclectic medical schools was the acceptance of women to their classes. In 1857, Penn Medical University of Philadelphia became the first to accept women.

Both the Thomsonians and the eclectics appealed to the poor and farming communities. Thomsonians, although known universally throughout the United States, had many converts in the South. The eclectics were more successful in the small Midwestern towns where often they were the only physicians. Both sects were less educated than the regulars and attracted poorly educated or uneducated groups. The homoeopaths, the last sectarian medical movement to rival American orthodox practitioners, appealed to the wealthy, intellectual community. Homoeopaths were well-educated and answered the need of the well-to-do citizenry for an alternative to the regulars.

Samuel Christian Friedrich Hahnemann (1755-1843), a German physician, was the founder of the homoeopathic practice of medicine. Hahnemann was the most educated leader of any sectarian movement. He was trained in Leipzig and Vienna and received his medical degree from the University of Erlangen in 1779.[27,33] He was a librarian and a linguist as well, having mastered more than a half dozen languages. Like other sectarian founders, Hahnemann opposed the purging and blood-letting practices of orthodox physicians of his day. He criticized the use of what he termed excessive doses of pharmacologic agents emphasizing preventive health measures on a broad scale. The two homoeopathic "laws" espoused by Hahnemann were (1) like is cured by like, and (2) the effectiveness of low doses, called "low dilutions" of drugs. In 1810, his views were published in the "Organon of Homoeopathic Art."[21]

Homoeopathy first came to the United States in 1825, when Hans B. Gram, a Bostonian by birth, successfully set up a practice in New York City and began training other physicians in the theory.[33] The second thrust was a German speaking community of homoeopathic physicians who settled in Pennsylvania. Led by Henry Detweiler and William Wesselhoeft, they were soon joined by Constantine Hering, the Father of American Homoeopathy.[31]

Through Detweiler and Hering's efforts in 1835, the Nordamerikanische Academie der Homoeopathischen Heilkunst in Allentown was established. Although the academy closed in 1842, it paved the way for the Homoeopathic Medical College of Pennsylvania, chartered in Philadelphia in 1848.[29] The German speaking graduates of the North American Academy spread homoeopathy to states surrounding Pennsylvania and the west where eclectics had previously broken ground.

The Thomsonian and eclectic sects were eventually succeeded by the homoeopathic sect. Homoeopathy was more organized, more scientific and based on a sounder foundation in education. The botanics, intensely popular from about 1825 to 1860, were really little more than Indian medicine men or root doctors, most uneducated, many itinerant. The eclectics, slightly more knowledgable than the botanics, had little new to offer the practice of medicine. But none of these sects would be remembered were it not for the literature they produced. □

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Thursday, September 17, 1987

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Saturday, September 26, 1987

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Friday & Saturday, October 9 & 10, 1987

Family Medicine Update
Wednesday, October 14, 1987

Annual Neurology Seminar
Wednesday, October 21, 1987

I.V. Management Strategies
Thursday, October 22, 1987
Sheraton Inn, Danville

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Wednesday, October 28, 1987
Sheraton Inn, Danville

March of Dimes Nursing Program
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November 12, 1987

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 13 & 14, 1987

Orthopaedic Update
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Advanced Cardiac Life Support *Provider* Course
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Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 11-13, 1987

2nd Annual Christmas Symposium in Pediatric Immunological & Respiratory Illnesses & Therapies (S.P.I.R.I.T.)
Monday - Wednesday, December 28-30, 1987
Contemporary Hotel, Disneyland, Florida

Advanced Trauma Life Support *Provider* Course
Friday & Saturday, January 15 & 16, 1988

13th Annual Concepts in Clinical Practice
Saturday & Sunday, February 13 & 14, 1988

6th Annual Winter CME Festival for Physician Assistants
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Wednesday or Thursday, March 2 or 3, 1988

Advanced Trauma Life Support *Provider* Course
Friday & Saturday, March 11 & 12, 1987

10th Annual Occupational Health Nurse Symposium
Saturday, March 26, 1988
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Wednesday, April 13, 1988

Advances in Dermatology
Wednesday, April 20, 1988

Update in Otolaryngology
Thursday, April 21, 1988

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obituaries

• Denotes PMS membership at time of death.

Wesley C. Allison, Tucson, Arizona; University of Pittsburgh School of Medicine, 1930; age 80, died May 23, 1987. Dr. Allison, formerly of Pittsburgh, maintained a practice there for 47 years. •

Arthur David Barnhart, Youngwood; University of Pennsylvania School of Medicine, 1920; age 92, died July 10, 1987. Dr. Barnhart maintained a practice for 60 years. •

Clarence J. Buck, Port Charlotte, Florida; University of Pittsburgh School of Medicine, 1914; age 96, died April 30, 1987. Dr. Buck was a physician in Beaver Falls for more than 40 years. •

Laird J. Cheke, West Mifflin; Student at University of Pittsburgh School of Medicine; age 25, died June 11, 1987. He earned his bachelor of science degree from University of Pittsburgh in 1984. •

Milton H. Cohen, York; University of Pennsylvania School of Medicine, 1921; age 89, died July 5, 1987. Dr. Cohen was a dermatologist. •

Lawrence Corrigan, Hazleton; Jefferson Medical College, 1925; age 89, died May 14, 1987. Dr. Corrigan was a pediatrician. •

James H. Delaney, Erie; University of Michigan Medical School, 1925; age 86, died May 12, 1987. Dr. Delaney, an ophthalmologist, was a past president of the Erie County Medical Society and the Pennsylvania Academy of Ophthalmology and Otolaryngology. •

Benjamin L. Hayllar, Gladwyne; University of Pennsylvania School of Medicine, 1937; age 74, died May 29, 1987. Dr. Hayllar was a past president of the Philadelphia Urological Society. •

Robert S. Herzog, Philadelphia; Harvard Medical School, 1927; age 86, died June 4, 1987. Dr. Herzog specialized in cardiology. •

Laurent B. Houle, Philadelphia; Tufts University School of Medicine, 1945; age 76, died June 10, 1987. Dr. Houle was a specialist in urology. •

Albert B. Katz, Philadelphia; Hahnemann University School of Medicine, 1927; age 84. Dr. Katz was an internist. •

Nicholas R. Lakatos, Nanticoke; Hahnemann University School of Medicine, 1935; age 77, died May 31, 1987. Dr. Lakatos was a general surgeon. •

William Likoff, Rydal; Hahnemann University School of Medicine, 1938; age 75, died July 3, 1987. Dr. Likoff was the founder of the Likoff Cardiovascular Institute at Hahnemann University. •

Albert Mango, Erie; University of Pittsburgh School of Medicine, 1932; age 81, died June 30, 1987. Dr. Mango was a general practitioner. •

Richard H. Mann, Lancaster; Yale University School of Medicine, 1946; age 64, died May 15, 1987. Dr. Mann served as chief of cardiology at Lancaster General Hospital before his recent retirement. •

Lyndall Molthan, Bethlehem; Temple University School of Medicine, 1949; age 62, died May 22, 1987. Dr. Molthan was clinical professor of medicine at Temple University. •

John B. Montgomery, Merion Station; Jefferson Medical College, 1926; age 87, died June 30, 1987. Dr. Montgomery was a physician in Pennsylvania. •

Melwyn L. Posternack, Philadelphia; Temple University School of Medicine, 1959; age 52, died May 19, 1987. Dr. Posternack, a psychiatrist, directed Philadelphia's Office of Mental Health and Mental Retardation Programs. •

Theodore Rubel, Pittsburgh; earned his medical degree in Austria, 1933; age 83, died April 19, 1987. Dr. Rubel specialized in internal medicine. •

Edward T. Ryscavage Sr., Saint Clair; Georgetown University School of Medicine, 1935; age 80, died May 31, 1987. Dr. Ryscavage launched his general practice in Saint Clair in 1936. •

William C. Session, Clairton; Meharry Medical College School of Medicine, 1938; age 75, died June 21, 1987. Dr. Session was a family practitioner. •

Simon M. Skole, New Castle; Tufts University School of Medicine, 1925; age 84, died March 11, 1987. Dr. Skole specialized in pediatrics. •

James O. Sloss, Beaver; Jefferson Medical College, 1941; age 73, died July 18, 1987. Dr. Sloss was a general practitioner. •

Harvey Tonken, Pittsburgh; University of Toronto Faculty of Medicine, 1955; age 60, died May 21, 1987. Dr. Tonken was a past chief of radiology at Windber Hospital. •

Peter V. Truitt, Reading; Temple University School of Medicine, 1980; age 34, died May 20, 1987. Dr. Truitt was a general practitioner. •

William Weber, Middleburg; Temple University School of Medicine, 1949; age 62, died May 15, 1987. Dr. Weber was on the medical staff of Evangelical Community Hospital, Lewisburg, for 35 years. •

Joseph C. Cobots, Swarthmore; Jefferson Medical College, 1930; age 81, died June 23, 1987. Dr. Cobots was an ophthalmologist.

Kenneth L. Donnelly, Mahanoy City; Jefferson Medical College, 1935; age 77, died May 6, 1987. Dr. Donnelly was a general practitioner in Mahanoy City for over 40 years.

Leo Harter, Pittsburgh; University of Pittsburgh School of Medicine, 1944; age 64, died May 3, 1987. Dr. Harter was a surgeon.

Werner Henle, Philadelphia; earned his degree in Germany, 1934; age 77, died July 6, 1987. Dr. Henle was emeritus director of the Virus Diagnostic Laboratory of the Children's Hospital of Philadelphia.

Lawrence J. McStravog, Drexel Hill; Jefferson Medical College, 1945; age 67, died May 2, 1987. Dr. McStravog was a professor of otolaryngology at Jefferson Medical College.

Warren A. Pratt, Lima; Philadelphia College of Osteopathic Medicine, 1935; age 75, died July 1, 1987. Dr. Pratt maintained a medical practice for 50 years, first in Upper Darby and then in Lima.

Theresa L. Riddell, Jersey Shore; Philadelphia College of Osteopathic Medicine, 1939; age 75, died June 28, 1987. Dr. Riddell was a member of the medical staff of Jersey Shore Hospital.

Charles F. Schaaf, Erie; University of Pittsburgh School of Medicine, 1940; age 74, died July 6, 1987. Dr. Schaaf was a general practitioner.

William C. Schmidt, Wayne; Jefferson Medical College, 1952; age 66, died April 29, 1987. Dr. Schmidt was a general practitioner.

Paul Sedlak, West Wyoming; earned his degree in the Netherlands, 1958; died June 14, 1987. Dr. Sedlak specialized in radiology.

Robert M. Shirey, Broomall; University of Pennsylvania School of Medicine, 1930; age 80, died May 25, 1987. Dr. Shirey was a physician for the Dupont Company, Wilmington, Delaware.

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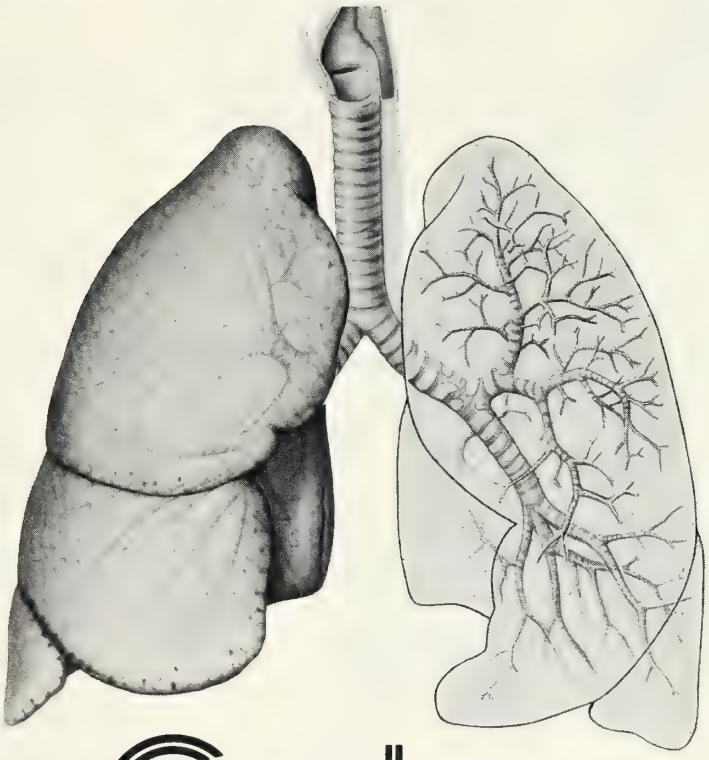

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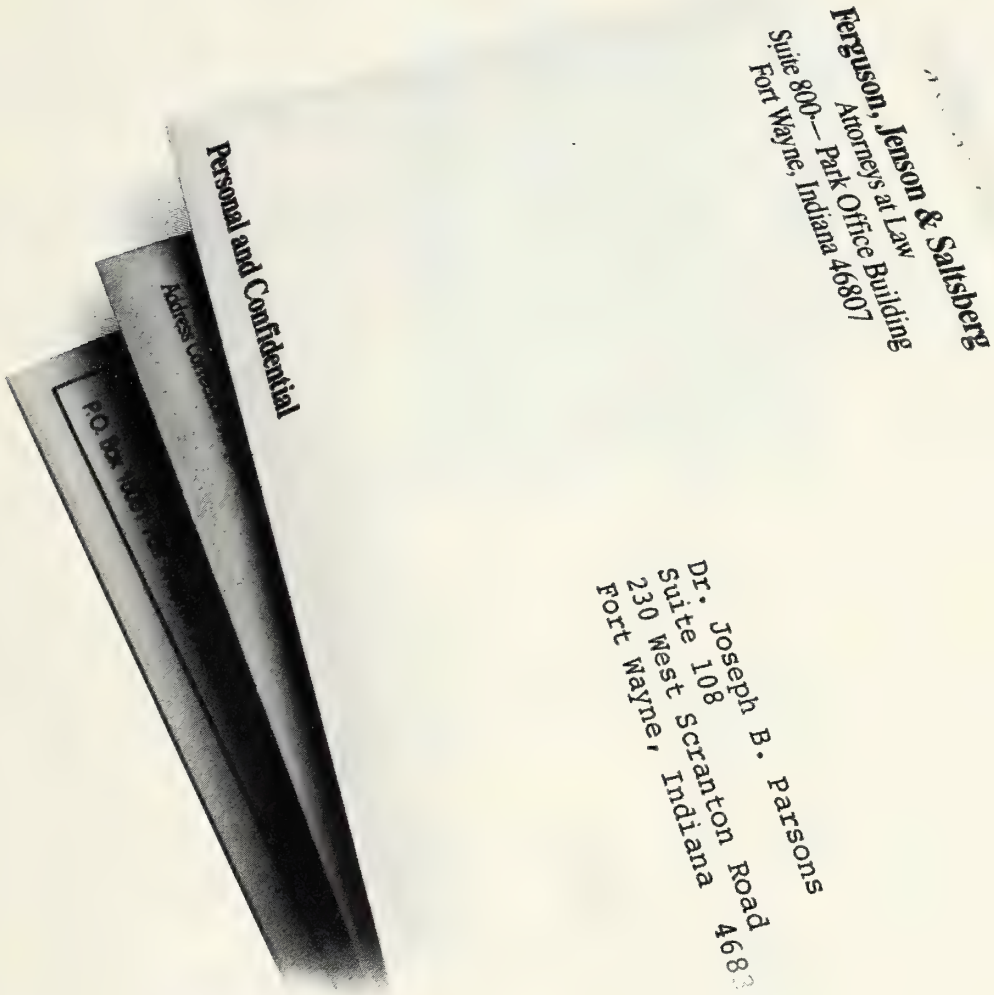

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physicians in the news

Rosalind H. Troupin, MD, Philadelphia, was elected second vice president of the American Roentgen Ray Society for the 1987-88 term. Dr. Troupin is professor of radiology at the University of Pennsylvania.

Richard W. Hyman, MD, Hershey, recently was named a recipient of a John Simon Guggenheim Memorial Foundation Fellowship. Dr. Hyman, a professor of microbiology at the Milton S. Hershey Medical Center of the Pennsylvania State University, will conduct research on the herpes zoster virus at Stanford University School of Medicine. He was one of 273 artists, scholars, and scientists chosen from over 3,000 applicants for Guggenheim fellowships this year.

Peter C. Nowell, MD, Media, received the Cotlove Award at the annual meeting of the Academy of Clinical Laboratory Physicians and Scientists. The award is presented for contributions to the field of laboratory medicine. Dr. Nowell is a member of the department of pathology of the Hospital of the University of Pennsylvania and professor of pathology and laboratory medicine at Penn's School of Medicine.

Janet A. Parker, MD, Chestnut Hill, was awarded the 1987 Commonwealth Board Award of the Medical College of Pennsylvania. Dr. Parker is professor and director of radiation oncology and nuclear medicine at the Medical College of Pennsylvania. The award was presented to Dr. Parker for her contributions to the field of radiation oncology and for excellence as an educator.

Henry Rosenberg, MD, Philadelphia, is the new president of the Philadelphia Society of Anesthesiologists. Dr. Rosenberg is professor and chairman of the department of anesthesiology at Hahnemann University. Officers installed with Dr. Rosenberg are **Jay J. Williams, MD**, vice president and program chairman; and **Evamarie Malsch, MD**, secretary-treasurer. Dr. Williams is clinical associate professor of anesthesiology at Thomas Jefferson University and Dr. Malsch is associate professor of anesthesiology at the Medical College of Pennsylvania.

Joel Posner, MD, (right) presents a plaque to Donald Kaye, MD, in recognition of Dr. Kaye's leadership and service in the treatment of elderly patients. The award was presented on behalf of the Philadelphia Geriatric Center (PGC). Dr. Kaye of Gladwyne, is chief of the section of infectious diseases and Dr. Posner is medical director of PGC.

Three new appointments have been made in the department of dermatology at the University of Pennsylvania School of Medicine. **Bernett L. Johnson Jr., MD**, Elkins Park, has been named vice chairman of the department. Dr. Johnson, who has been a member of the Penn faculty for seven years, also is the current president of the Philadelphia Dermatological Society. **Cynthia A. Guzzo, MD**, of Rydal, and **Stuart R. Lessen, MD**, of Havertown, have been appointed assistant professors of dermatology.

Craig B. Wisman, MD, has been named chief of the heart transplantation program at the Milton S. Hershey Medical Center of the Pennsylvania State University. Dr. Wisman, a Pennsylvania native, returns to the state from the Northwestern University Hospital in Chicago.

Thomas Williams, MD, Gladwyne, received the Outstanding Young Investigator's Award from the Academy of Clinical Laboratory Physicians and Scientists. Dr. Williams is chief resident in anatomic pathology at the Hospital of the University of Pennsylvania.

Stephen B. Lichtenstein, MD, Philadelphia, has been elected chairman of the eye section of the Philadelphia County Medical Society. Dr. Lichtenstein is assistant professor of ophthalmology at Jefferson Medical College and associate surgeon for Wills Eye Hospital's General Ophthalmology Service.

Stephen M. Weiss, MD, Haverford, has been named chairman of surgery at Mercy Catholic Medical Center. Dr. Weiss is associate professor of surgery at Jefferson Medical College.

Leon A. Peris, MD, has been elected president of the medical staff of Thomas Jefferson University Hospital. Dr. Peris is clinical professor of obstetrics and gynecology at Jefferson Medical College. Other new officers of the hospital's medical staff are **John M. Fenlin Jr., MD**, president elect; **Francis E. Rosato, MD**, vice president; and **Stanton N. Smullens, MD**, secretary-treasurer.

The medical staff of the Institute of Pennsylvania Hospital recently elected new officers. Philadelphia psychiatrist **James L. D. Cox, MD**, is president. Other officers are **Charles Dick, MD**, executive vice president; **Susan Shively, MD**, administrative vice president; and **Howard B. Rosen, MD**, secretary-treasurer.

John H. Hodges, MD, and **Arnold T. Berman, MD**, were elected to the board of trustees of Magee Rehabilitation Hospital, Philadelphia. Dr. Hodges is professor of medicine at Jefferson Medical College. Dr. Berman is chairman of the department of orthopedic surgery at Hahnemann University Hospital.

Kristin Steuber, MD, Chestnut Hill, has been appointed professor and chief of the division of plastic and reconstructive surgery at Temple University Hospital. Before joining the medical staff at

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Temple, Dr. Stueber was associate professor of surgery at the University of Maryland.

Paschal Michael Spagna, MD, Oreland, has been appointed chief of the division of cardiothoracic surgery at the Medical College of Pennsylvania. Dr. Spagna previously served as chief of cardiothoracic surgery at the Graduate Hospital, Philadelphia, and as co-director of cardiac surgery at the Philadelphia Heart Institute of Presbyterian Medical Center, Philadelphia.

Matthew T. Moore, MD, Philadelphia, has been named distinguished senior professor of neurology emeritus at Temple University School of Medicine and he has received a Certificate of Honor from the Temple University Alumni Association. In addition, Temple has selected Dr. Moore as the 1987 Medical Alumnus of the Year, in recognition of his achievement and service. The university has also presented Dr. Moore with an award marking his 60th year in medicine.

Steven M. Keller, MD, has joined the department of surgical oncology at Fox Chase Cancer Center, Philadelphia, as chief of thoracic surgical oncology. Dr. Keller comes to Fox Chase from Memorial Sloan Kettering Cancer Center, New York.

David B. P. Goodman, MD, PhD, served as chairman of the annual meeting for the Academy of Clinical Laboratory Physicians and Scientists. Dr. Goodman is professor of pathology and laboratory medicine at the University of Pennsylvania School of Medicine.

Radiologist **Jonathan Stolz, MD,** helped to organize a program in his home town of Reading to raise public awareness of the importance of mammography screening. The program was part of the American College of Radiology's nationwide breast cancer detection awareness campaign, and was cosponsored locally by the Berks County Unit of the American Cancer Society and the Berks County Medical Society.

Fred Baurer, MD, Philadelphia received Pennsylvania Hospital's Therman Fund Award, a grant to study medicine in a foreign country and spent four weeks this summer at the Eitanim Psychiatric Hospital in Jerusalem, Israel. Dr. Baurer is a third year resident in psychiatry at the Institute of Pennsylvania Hospital.

Albrecht W. Schmitt, MD, Penn Valley, received a plaque for contributions to the field of colposcopy from the German Society for Gynecology and Obstetrics. Dr. Schmitt is clinical associate professor of obstetrics and gynecology at the Medical College of Pennsylvania.

Stephen Ludwig, MD, was honored by the Support Center for Child Advocates at its tenth anniversary celebration. Dr. Ludwig is director of emergency medicine at the Children's Hospital of Philadelphia.

Charles C. Wolferth Jr., MD, Bryn Mawr, was honored by the County of San Diego, California, for helping to implement a regional network of trauma care there. Dr. Wolferth is professor of surgery and director of the division of trauma and emergency services at Hahnemann University. He also serves on the American College of Surgeons' Committee on Trauma.

Three physicians from Thomas Jefferson University are members of the editorial board of a new international medical journal, Surgical Endoscopy, Ultrasound and Interventional Techniques. They are **Gerald J. Marks, MD, Demetrius H. Bagley, MD,** and **Barry B. Goldberg, MD.** Dr. Marks is professor of surgery; Dr. Bagley is associate professor of urology; and Dr. Goldberg is professor of radiology at the university. The new journal is published quarterly in Germany. The first issue appeared in the spring of 1987.

Two physicians from St. Joseph Hospital and Health Care Center in Lancaster recently gave lectures on medical topics. Ophthalmologist **Barton Halpern, MD,** spoke at the International Contact Lens Conference in Atlantic City, New Jersey, and **William O. Umiker, MD,** lectured during a teleconference sponsored by the American Society of clinical pathologists.

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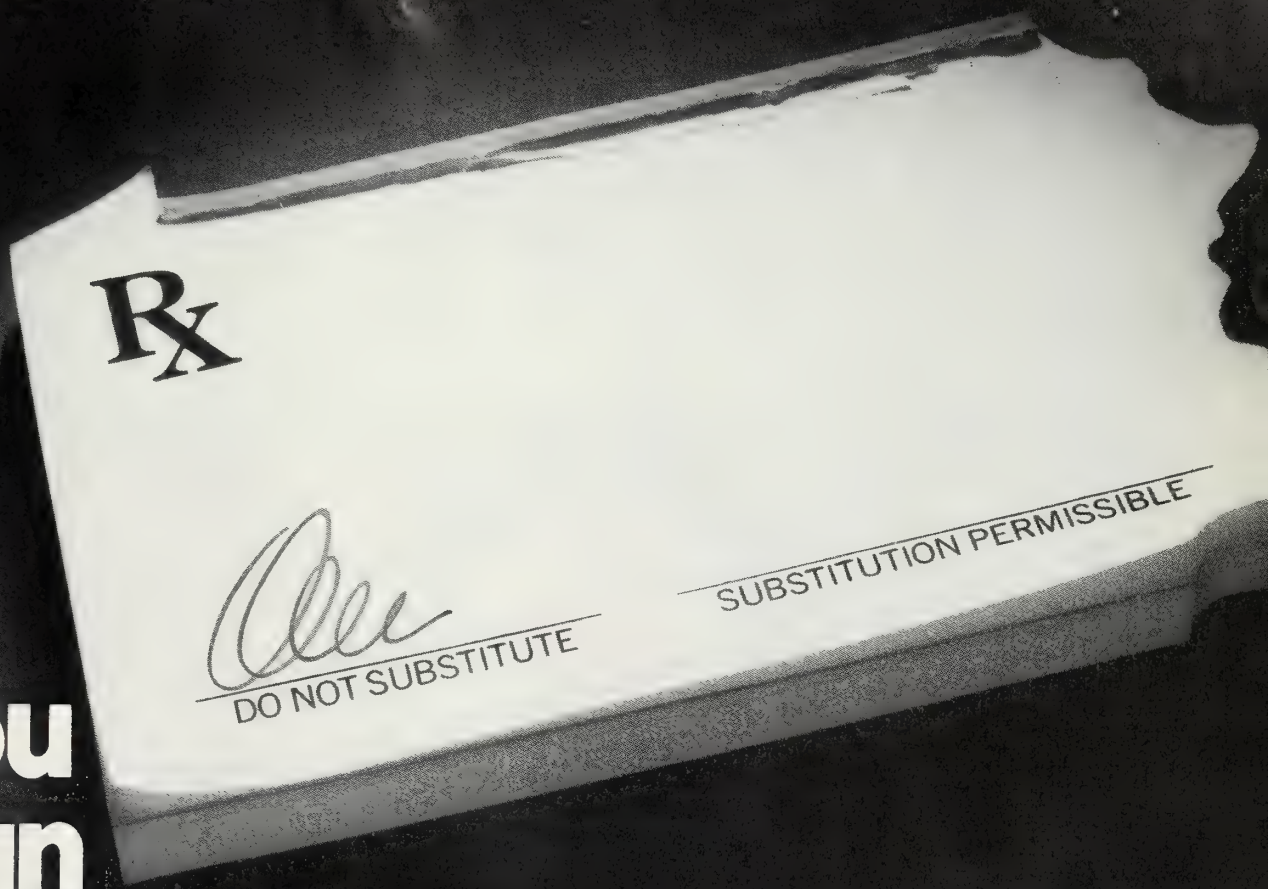

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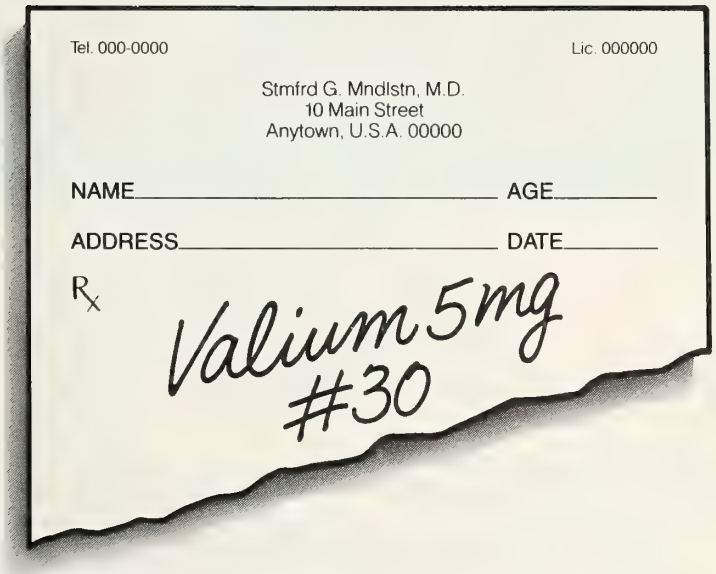

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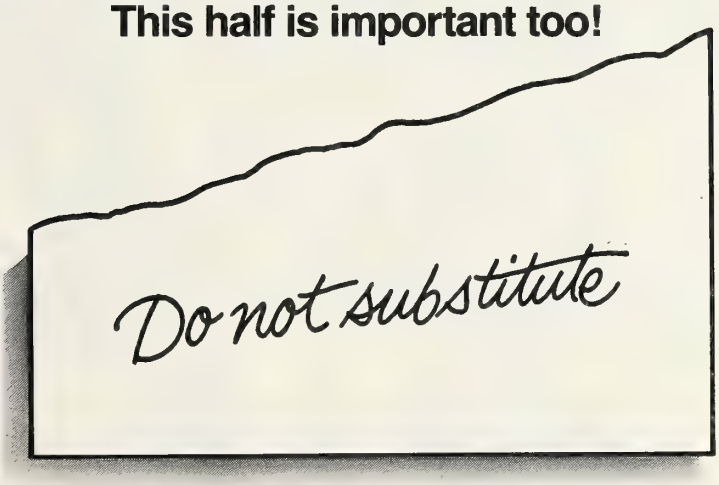

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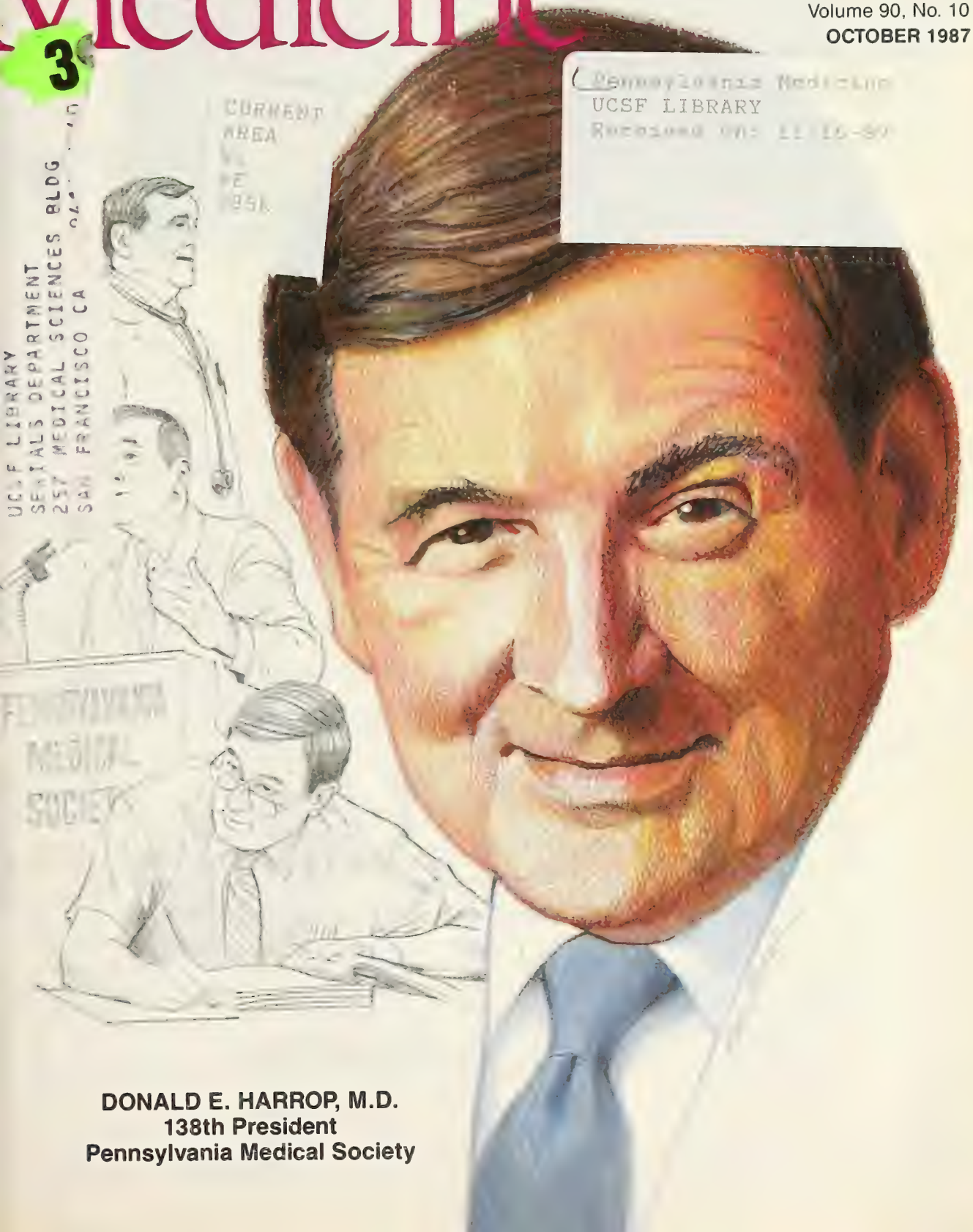

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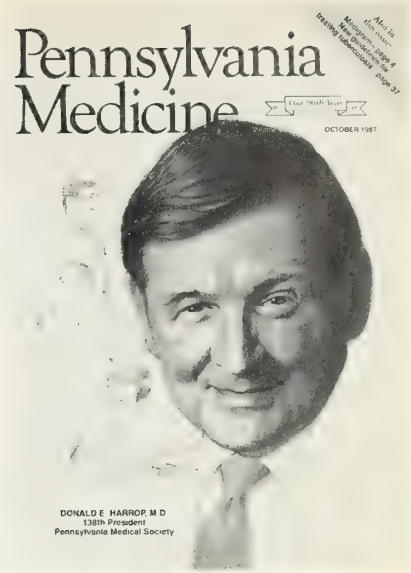
Pennsylvania Medicine



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PMS BUDGET, RESOLUTIONS ON AGENDA OF DELEGATES

When some 280 delegates convene at the Hershey Lodge October 23 for the Soc ety's 1987 Annual Meeting, the agenda will consist of numerous reports on a wid range of subjects and at least 37 resolutions—the number submitted in time t become automatically the business of the House. While resolutions still may b submitted, they must be accepted by the delegates for consideration. A balance budget of about $5.7 million, approved by the Board of Trustees September 1 also will be submitted to the House for final approval. All issues on the Hous agenda will be the subject of reference committee hearings at which any Societ member may speak. The installation ceremony is October 24 (details on page 8)

PMS CHALLENGES POSITION OF STATE MEDICAL BOARD

The Pennsylvania Medical Society has taken legal action against the State Boar of Medicine, challenging the board's rules on amphetamine-related medications In complaints filed October 2 in both Commonwealth Court and the U.S. Cour for the Middle District, PMS challenges the requirement that a medical docto obtain a patient-specific waiver from the board prior to using a covered medica tion to treat certain conditions, such as refractive depression for more than 45 day in a 12-month period. Waivers could be required as early as November 14 unles the Society's motions for a preliminary injunction are granted.

LEGISLATORS ANNOUNCE TORT REFORM PACKAGE

Legislation to reform the civil justice system in Pennsylvania will be introduce this month, a group of lawmakers announced at a press conference Septembe 30. The package will include a series of bills on general medical and product liabil ity reform. Lancaster County Representative Kenneth Brandt said the propose changes in the tort system will affect legal policies "adopted by court decision...th legislature is the appropriate forum for such major policy decisions."

PMS HOLDS REGIONAL SEMINARS ON HEALTH DATA COLLECTION

Pennsylvania's cost containment law and health data collection are the focus o seven regional seminars scheduled across the state in November and December The seminars will begin at 3:00 p.m. and conclude with refreshments at 6:00 p.m A videotape entitled "Private Practice, Public Knowledge: How You Will b Affected by Health Care Data Collection," will open the sessions. R. Robert Tyson MD, PMS president, and Donald E. Harrop, MD, president elect, are keynot speakers. Listed below are the locations and dates.

November 4	Erie/Quality Hotel Plaza
November 11	Pittsburgh/Royce
November 12	Altoona/Sheraton
November 18	Wilkes-Barre/Quality Inn
November 19	Harrisburg/Penn Harris
December 2	Valley Forge/Sheraton
December 17	Lehigh Valley/George Washington Motor Lodge

PMS RESPONDS TO HCFA ON MEDICARE PREMIUMS

Physicians are not responsible for the cost cutting measures of the federal goverr ment in the Medicare program. PMS Board Chairman J. Joseph Danyo, MD, gav this response September 21 to the announcement of the Health Care Financin Administration that Medicare premiums paid by recipients are expected to jum by more than 38 percent next January. The proposed $6.90 a month increase i attributed primarily to a sharp 22 percent rise in Medicare expenditures for phys cians' services, medical equipment, and other Part B services during 1987. Bu Dr. Danyo noted that physicians' fees have been virtually frozen since 1984, an that 17 percent of the projected increase is needed to catch up for two years c underfunding. Also noted in his statement were the growing number c beneficiaries and a greater use of services.

CONTRACTOR BEGINS INDIGENT CARE STUDY

Lewin Associates, a consulting firm based in Washington, DC, has begun its stud of medical indigency in Pennsylvania. The Pennsylvania Health Care Cost Con tainment Council awarded the $380,000 contract, which calls for the developmen of a program for the delivery and financing of medical care to the Commonwealth' indigent population.

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editorial

The soul of health care

"A hospital is a living organism, made up of many different parts having different functions, but all these must be in due proportion and relation to each other, and to the environment, to produce the desired general results. The stream of life which runs through it is incessantly changing; patients and nurses and doctors come and go, today it has to do with the results of an epidemic, tomorrow with those of an explosion or a fire, the reputation of its physicians or surgeons attracts those suffering from a particular form of disease, and as the one changes so do the others. Its work is never done; its equipment is never complete; it is always in need of new means of diagnosis; of new instruments and medicines; it is to try all things and hold fast to that which is good." from John Shaw Billings' address upon the opening of Johns Hopkins Hospital.

Albert Schweitzer observed of hospitals, "Here, at whatever hour you come, you will find light and help and human kindness." Hospitals traditionally have been viewed as the refuge or institution where medical care and caring are provided to the sick, injured, and dying. The mission of hospitals is to respond to a higher calling, untouched by political, economic, or class distinctions. Idealistic, you think? Unrealistic in today's world, you say? Is it? Should it be?

Today, hospitals engage in a variety of activities to compensate for reduction in patient revenue. Increased advertising budgets, corporate reorganization, offsite outpatient facilities and joint hospital-physician projects, as well as other competitive strategies, are being developed in order to "survive." Nonprofit hospitals are being transformed from the benevolent institutions of the past to price sensitive organizations making every effort to avoid "red ink." Modern hospitals seem to be practicing a form of so-called social Darwinism, i.e. the survival of the financial fittest.

It is said that change is the only constant. Change is welcome when it provides improved medical care standards and adds to the well-being of the community. But public resistance to higher health insurance premiums and employer's demands for more control over spiraling medical care expenses through legislation and streamlined health insurance plans does not appear to have served the common good. Concerned physicians voice their apprehension about the quality of patient care rendered in the atmosphere of cost constraint. Patient-contact nurses continue to be in short supply primarily because society has chosen not to reward these individuals commensurately for their choice to serve. The victims are the very poor, the elderly, the handicapped, and the institutionalized.

There is a definite need to reestablish and reaffirm the moral imperative of community good in health care. At a time when medical staffs and hospital administrators find themselves increasingly at cross-purposes, we appear to have lost sight of the hospital's reason for being. We need to place in better perspective the balance between fewer resources and burgeoning medical technologies; cost and care; community and individual. Some hard decisions must be made by and for physicians. No one team player can be expected to be the sacrificial lamb.

Probabilities are that health care decisions will be made to the benefit of patient care within guidelines that follow moral conscience. The support and commitment of physicians is necessary to accomplish these objectives. In a society that exercises the every-man-for-himself economic standard, where profit is the ultimate aim, altruistic considerations may be buried under false values. For hospitals and physicians to regain respect and stature, more than lip service must be given to solving the ethical and moral dilemmas precipitated by limited resources. The essential element of humanity is more than profit; it is a shared commitment. And that is where the soul of medicine and its institutions are.

David A. Smith, MD
Medical Editor

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newsfronts

Installation of new president October 24

Karen K. Davis

"I like to be an active part of the organizations I join," said Donald E. Harrop, MD, who will take office as the 138th president of the Pennsylvania Medical Society on October 24, 1987, at the Society's Annual Meeting in Hershey. "I won't join an organization unless I'm going to work in it."

Dr. Harrop's years of service in organized medicine back up his statement. While his "medical practice comes first," Dr. Harrop said that a feeling of obligation to the medical profession is also part of being a physician. "As Theodore Roosevelt said, 'Every man owes some of his time to the upbringing of the profession to which he belongs.' I believe we need to work with others for the common good, and to try to improve the situation for the people who are coming after us."

Dr. Harrop first joined organized medicine in 1957, when he returned from military service in Germany to set up a family practice in his hometown of Phoenixville. Shortly after joining the Chester County Medical Society, he was elected secretary of that group. As secretary of the county society, he was designated a delegate to the PMS House, and in that role he attended his first State Society meeting.

About the same time, he ran for and was elected to the office of coroner for Chester County. Dr. Harrop's position as a coroner led him to be appointed to the PMS Commission on Forensic Medicine, a subgroup of the Society's Council on Government Relations (now the Council on Legislation). He then served on the Society's Council on Public Service and soon began to participate in other projects of organized medicine including working as chairman of the Council on Government Relations, helping to establish the Society's liability insurance company and recently its peer review organization, and serving in "one of the finest positions the Society has to offer—that of speaker of the house."

He said the establishment of PMSLIC (Pennsylvania Medical Society Liability Insurance Company) was among the most stimulating projects with which he has been involved. Originally a member of a committee that studied and urged passage of the original reform legislation in the seventies, Dr. Harrop has been involved in liability insurance issues for the past 15 years. One of the original incorporators and members of the board of directors

of PMSLIC, he has seen the insurance company grow during the past decade. "When we started the company, we were faced with a crisis of lack of availability of insurance," he said. "We capitalized the company with an assessment to all PMS members, whether they were going to buy insurance from us or not, so that the whole Society paid to start the company. It has been exciting to watch it grow, to watch the number of insured physicians increase, and to find that we really could establish a physician-run company, where doctors make the medical decisions."

The author prepared this article while she was on the staff of PENNSYLVANIA MEDICINE. *She has since returned to school to study English education.*

Thoughts on peer review

Currently president of the Society's Keystone Peer Review Organization (KePRO), Dr. Harrop was at first opposed to the idea of the PMS forming the peer review organization in Pennsylvania. His view has changed, he said, because "peer review organizations exist whether we physicians are involved in them or not. All you have to do is compare the Pennsylvania peer review organization with those in other states where the physicians and the review organizations are in adversary roles and you will see that it is better for doctors to take an active part.

"It's been a difficult couple of years because in many areas of the state there has been less review activity than is required today. But because KePRO is owned by the State Society, we try to maintain the independence of the physician. It is a matter of balance—with physicians on one side and government on the other. Even though we are far from perfect, I think we are doing as well as possible and we are trying to improve the situation all the time.

"I have two views on PROs," Dr. Harrop continued. "First, because we accepted Medicare—payment from the government for rendering care—the day necessarily had to come when the government would want an accounting for that expenditure, and rightly so."

Second, he added, "Now that PROs have been set up, we physicians must participate. My premise is that since the organizations are here and are going to stay whether we like them or not—there is going to be some method to try to account for the government's expenditure—it is vital for doctors and orga-

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nized medicine to be involved in the process. There will be some hard times and mistakes, but the physician-run PROs can work and are preferable to other arrangements," he said.

"The key to the success or failure of peer review legislation is in how it is interpreted. If the prime object of the legislation is to educate physicians and to maintain high quality medicine, then I don't think we need many changes in the law. Problems come when the law is used as a fiscal tool to cut costs without regard for quality. So we don't need to place as much emphasis on changing legislation as we do on how government officials interpret it. If it is judged to mean we are going to develop 'cookbook medicine,' or we are going to measure our success by the number of doctors we sanction, then we will see a lot of problems.

"I believe we should guard confidentiality; I don't believe we should be publishing specific information in the newspapers; and there could be a longer period of time for physicians to respond to critical reviews; but again, I think these issues are tied to interpretation of the law," he said. "It's up to physicians to make sure that good patient care is still the main theme. By getting involved, reviewing cases, learning about the law, participating in continuing education courses, and objecting as a group to onerous regulations, doctors can work to insure the interpretation of peer review legislation is to maintain high quality care."

Training

For as long as he can remember, Dr. Harrop wanted to become a family practitioner and to work in the town where he was born and raised—Phoenixville. Although there were no physicians in his family, Dr. Harrop said he was influenced by a close friend, the late Dr. J. Elmer Gotwals, a former Phoenixville general practitioner. "I spent a lot of time at his house and sometimes accompanied him on his rounds."

Dr. Harrop attended Phoenixville High School and then entered the University of Pennsylvania, graduating with a bachelor's degree in chemistry. He went on to medical school at Penn, completed an internship at Presbyterian Hospital in Philadelphia, and served two years in the U.S. Army in Europe before returning to practice in his hometown.

Besides establishing a general medical practice there, Dr. Harrop has served his community in another capacity for the past 21 years—as Chester County's coroner. Now in his sixth term in the post, he has logged the longest

consecutive service of any elected official in Chester County. He has organized the coroner's office to include 14 doctor deputies—"at least two at each of the county's hospitals," he said.

Dr. Harrop is a past president of both the Pennsylvania State Coroners Association and the International Association of Coroners and Medical Examiners. "An exciting change has taken place in the Pennsylvania State Coroners Association over the past ten years," he said. He explained that there was once a rift in the organization between physician coroners and lay coroners, but said that now the group is an amalgamated body. "We helped to integrate the two factions by offering educational seminars. Physicians get Category I credit for the seminars and both the physician and lay members of the association arrange the meetings. Most new coroners are interested and eager to learn and the attendance at the seminars has been excellent.

"These programs have led the coroners association to sponsor a bill that sets up specific education requirements for coroners—not a medical degree, but a program for continuing education. The bill, which has the support of PMS, was passed this legislative session by the State Senate and currently is in the House Judiciary Committee. The law is long overdue, and no one realizes it more than the coroners. We want to upgrade our present system," Dr. Harrop said.

Family emphasized

"My family is my pride and joy," Dr. Harrop said. He and his wife Joan have five children. Louise, their oldest daughter, earned a bachelor's degree in nursing from DePauw University in Greencastle, IN, and is a nurse in the neurosurgical department of Methodist Hospital in Indianapolis. She is married and has two children. Dot, the Harrop's second daughter, was an all-American lacrosse player at the University of Richmond in Virginia, where she received a degree in physical education. Later she earned a master's degree in sports management and now works as athletic director and coach at a private school in New York.

The Harrops' oldest son and third child, Donald, is an attorney who now practices in Dunn, NC, after earning his undergraduate degree at Duke University and his law degree at Campbell University. The fourth child, Ted, a graduate of the U.S. Coast Guard Academy, serves as a lieutenant in the Coast Guard and is stationed in Baltimore, MD, after working for two years in drug enforcement in Key West, FL. The fifth child, Mary, graduated from Trinity College in Hartford, CT, and is a caseworker for a nonprofit Connecticut organization that helps disturbed teenagers.

The Harrops are looking forward to seeing all of their children at his installation ceremony October 24. "It will be the first time we've been together in about four years, because they live in different areas. My wife and I are excited about having the whole family together again."

Outside medicine, Dr. Harrop enjoys reading history and political science, riding bicycle, and water skiing at the family's vacation home on Long Beach Island, NJ. Until recently he served as volunteer team physician for his former football team at Phoenixville High School.

Although his activities in organized medicine and the community are a significant part of his life, Dr. Harrop emphasized, "My family and my medical practice are most important to me."

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Wednesday, October 28, 1987
Sheraton Inn, Danville

March of Dimes Nursing Program
Friday, November 6, 1987

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November 12, 1987

Advanced Trauma Life Support Provider Course
Friday & Saturday, November 13 & 14, 1987

Orthopaedic Update
Wednesday, November 18, 1987

Advanced Cardiac Life Support *Provider* Course
Saturday & Sunday, November 21 & 22, 1987

Advanced Trauma Life Support Instructor Course
Friday, Saturday & Sunday, December 11-13, 1987

2nd Annual Christmas Symposium in Pediatric Immunological & Respiratory Illnesses & Therapies (S.P.I.R.I.T.)
Monday - Wednesday, December 28-30, 1987
Contemporary Hotel, Disneyland, Florida

Advanced Trauma Life Support *Provider* Course
Friday & Saturday, January 15 & 16, 1988

Annual Emergency Medicine Update
January 20-22, 1988
The Chateau at Camelback, Tannersville, PA

13th Annual Concepts in Clinical Practice
Saturday & Sunday, February 13 & 14, 1988

6th Annual Winter CME Festival for Physician Assistants
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Pocono Hershey Resort, White Haven, PA

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Wednesday or Thursday, March 2 or 3, 1988

Advanced Trauma Life Support *Provider* Course
Friday & Saturday, March 11 & 12, 1987

10th Annual Occupational Health Nurse Symposium
Saturday, March 26, 1988
Sheraton Inn, Danville

Vascular Disease Update
Wednesday, April 13, 1988

Advances in Dermatology
Wednesday, April 20, 1988

Update in Otolaryngology
Thursday, April 21, 1988

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Geisinger

United Way launches second century

The United Way of Pennsylvania is in the midst of its 1987 United Way campaign, which runs from mid-September through mid-November. This campaign marks the beginning of United Way's second century of people helping people through voluntarism—volunteered time, skills, and money.

One of United Way's "Second Century Initiative" goals is to double its resources by 1991. The organization plans to use twice as many volunteered dollars to more effectively solve community problems, limit social concerns before they become unmanageable, coordinate community services, and build coalitions among business, government, and nonprofit organizations to respond to human needs.

Several socio-economic conditions and trends the United Way has targeted for attention include: unwed motherhood, child abuse, a growing senior citizen population, suicide, and a rising number of dislocated workers.

Ninety percent of every dollar given to United Way of PA is directed to helping people in the Pennsylvania community.

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Self-study package on diabetic complications

"Foot Complications," a new self-study package developed to help in the detection, treatment, and prevention of foot problems due to diabetes, has been sent to member hospitals of the Hospital Association of Pennsylvania by the Pennsylvania Diabetes Academy (PDA). Intended for use by the medical staff and other health care professionals treating patients with diabetes, the module carries eight Continuing Medical Education credits for physicians.

Hospitals previously received two other self-study modules—"Adverse Outcomes in Pregnancy" and "Visual Impairment." The modules are part of a series, "The Prevention and Treatment of Five Complications of Diabetes," produced by PDA. The self-study packages are available through a grant from the Pennsylvania Department of Health Diabetes Control Program. Modules on diabetic ketoacidosis and kidney complications are being developed, to be provided to hospitals upon completion. PDA is an affiliate of the Educational and Scientific Trust of the Pennsylvania Medical Society.

Hospice directory available

The Pennsylvania Hospice Network Directory is available. Copies of the directory are distributed to all organizational members, associate members, and individual members of the network as a member service. This year copies also are being distributed by American Cancer Society county offices.

Copies of the directory may be obtained at $3 each. Requests for copies or questions about the directory should be addressed to: Marjorie Kriebel, PHN Membership Chair, 1923 Manning St., Philadelphia, PA 19103.

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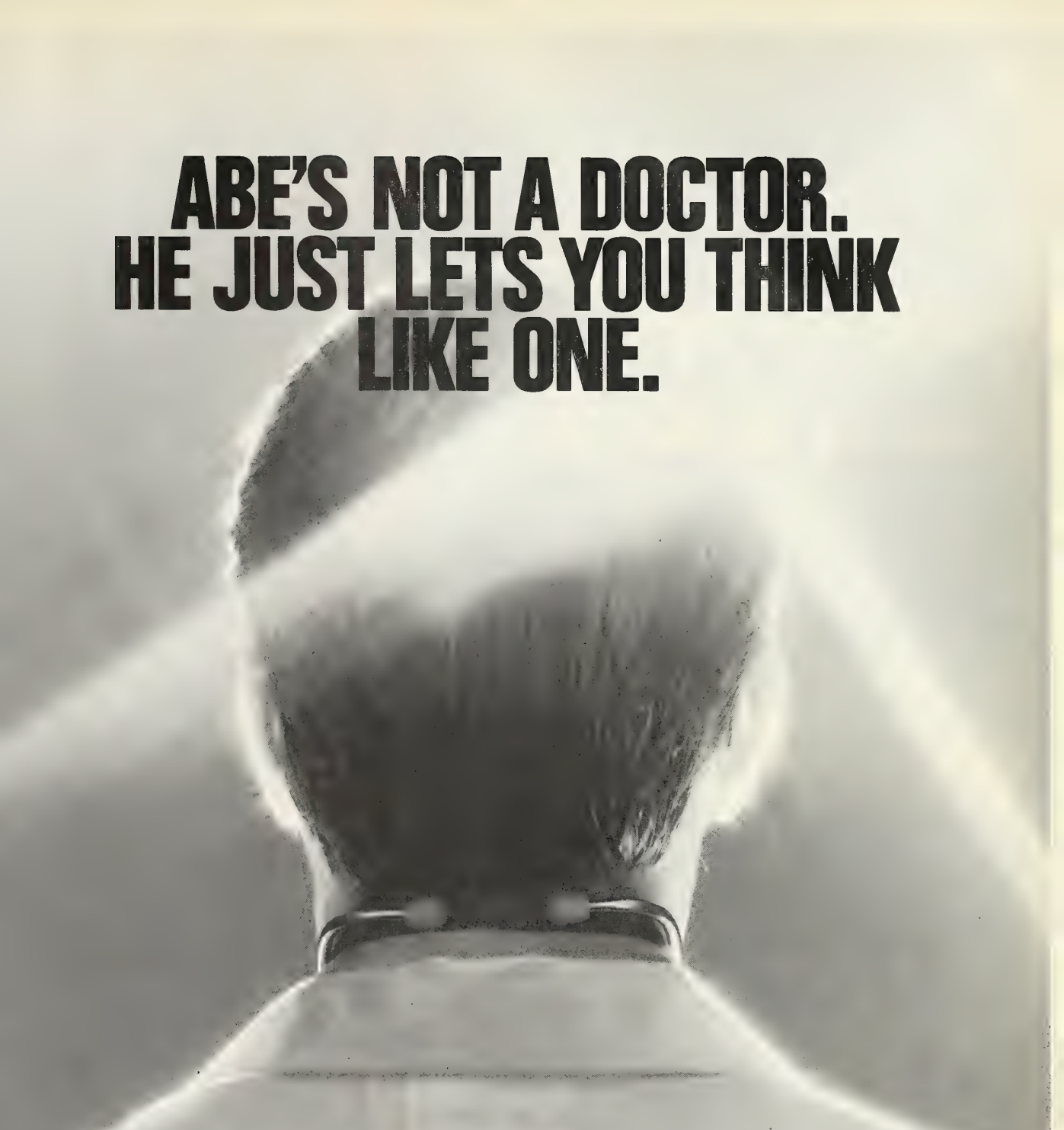

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HCFA compares hospital mortality rates

In December the Health Care Financing Administration (HCFA) plans to publish statistics that compare predicted and actual 1986 mortality rates for about 6,000 short-term, acute care hospitals nationwide. The statistics are based on data supplied by hospitals to Medicare for about 6,500,000 patients.

Included in the report will be the following information: the number of Medicare beneficiaries treated at each hospital, the percentage of beneficiaries who died within 30 days of admission, the national average percentage that would be expected to die for patients of similar age, sex, and complicating condition, and a diagnostic categorical breakdown of 10 high risk medical conditions, including severe acute and chronic heart disease, renal disease, stroke, and cancer, and six low risk medical conditions, including low risk heart disease, gastrointestinal disease, and orthopedic conditions. The 16 diagnostic categories follow medical disciplinary lines and account for 80 percent of the deaths and 70 percent of the hospitalized patients.

These statistics are being prepared as part of HCFA's quality of care initiative. The administration expects the information to be useful to consumers, hospitals, and peer review organizations.

Other organizations, however, are hesitant about the report. The American Medical Association, the American Hospital Association, and the Federation of American Health Systems have expressed concern about the methodologies used to calculate the statistics. "We still maintain that the methodology is invalid and inappropriate" and that the data "will not provide the public or hospitals with useful information for judging hospital performance," AMA Executive Vice-President James H. Sammons, MD, said.

Blue Shield seeks refunds from 19 medical practices

Pennsylvania Blue Shield's Medical Review Committee has asked for more than $317,000 in refunds from 19 medical practices for inappropriately billed services. The refunds are from practices that have received payment for health care services that were not performed, were performed at a lesser intensity level than reported, or were medically unnecessary.

"If we find that services weren't needed, weren't performed or were reported to us differently than the way they were performed, we have an obligation to get the customer's money back," said James R. Dornenburg, MD, Pittsburgh surgeon and chairman of the committee.

To date this year, the committee has asked for more than $931,000, and in 1986 asked for more than $1.2 million in refunds.

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OXYCODONE	XX	XX	XX	XX	XX

Blank space indicates that no such activity has been reported.

Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96.

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Information For Patients: VICODIN, like all narcotics, may impair the mental and/or physical abilities required for the performance of potentially hazardous tasks such as driving a car or operating machinery; patients should be cautioned accordingly.
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Revised, April 1982. 5685

1. Hopkinson JH III: *Curr Ther Res* 24: 503-516, 1978
2. Beaver, WT *Arch Intern Med*, 141:293-300, 1981

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Abortions in state decline for sixth year

For the sixth year in a row, the number of abortions reported in Pennsylvania has declined. In 1986, 51,666 abortions were performed, compared to a total of 53,465 performed in 1985.

Most of the 1986 abortions (95 percent) were performed in the first three months of pregnancy. Second trimester procedures decreased from 2,609 in 1985 to 2,335 in 1986.

Patients age 19 and under accounted for 26 percent of the 1986 abortions, down 6 percent from 1985. As in previous years, women 20-24 years old had the highest number of abortions (34 percent). Four abortions were performed on 11-year-olds last year, and 15 were performed on 12-year-olds, according to the Health Department's statistics.

Of last year's total, 49,537 abortions were performed on residents of Pennsylvania. Abortions were performed on 2,124 residents of other states and on five residents of other countries. A breakdown of the figure for Pennsylvania residents shows 31% of those patients lived in Philadelphia; 16% lived in Allegheny County; 6% lived in Montgomery County; 5% lived in Delaware County; and 4% were from Bucks County.

Last year, 144 facilities in Pennsylvania were licensed to perform abortions.

Blue Shield reports savings of $836 million

Officials for Pennsylvania Blue Shield announced the company saved its customers $836 million during 1986. The health care insurer received claims for payments totalling $2.17 billion from the health care community, and after reviewing those charges, reduced them by 39 percent, officials said.

Blue Shield's claims processing and medical review programs accounted for $532 million of the 1986 cost reduction. The company's participating provider agreement led to $304 million in customer savings.

AIDs reports available

Recent statistics estimate that as many as 1.5 million people in the United States are infected with human immunodeficiency virus (HIV). Of these, some 40,000 reportedly suffer from AIDS. Fifty-eight percent or 23,000 have died.

The Centers for Disease Control in Atlanta, Georgia, has prepared three reports concerning detection, definition, and prevention of AIDS and HIV infection. The reports were published in *Morbidity and Mortality Weekly Report*. They are titled: "Revision of the CDC Surveillance Case Definition for Acquired Immunodeficiency Syndrome," "Recommendations for Prevention of HIV Transmission in Health-Care Settings," "Public Health Service Guidelines For Counseling and Antibody Testing to Prevent HIV Infection and AIDS." For free copies of these reports, call the Society Task Force on AIDS at (717) 763-7151.

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MCP, AHSI agree to east-west merger

Medical College of Pennsylvania (MCP) and Allegheny Health Services, Inc. (AHSI), of Pittsburgh, have agreed to a merger. According to the agreement, MCP is to become a subsidiary of AHSI, but each institution is to keep a separate identity and operating autonomy. The merger also calls for a second MCP campus to open at AHSI.

"We are delighted that we have forged this new partnership with AHSI," said D. Walter Cohen, DDS, president of MCP. "A real partnership requires that the institutions be dynamically matched, with similar missions, traditions, and reputations. With Allegheny, we have found all of these."

The agreement calls for the appointment of several board members from each institution to the other's board. However, academic policy will be set by the medical school. A vice dean, reporting to the dean in Philadelphia, will be appointed to the Pittsburgh campus. Physicians from Allegheny who qualify under the current guidelines of MCP will be accepted for academic credentialing by the College. Third- and fourth-year medical students from MCP will be able to spend time at the Pittsburgh facilities. Together, the institutions' annual research budget will be in excess of $25 million.

AHSI is the parent corporation of Allegheny General Hospital, a 726-bed tertiary care regional referral hospital, and Allegheny Singer Research Institute, both in Pittsburgh.

Allegheny offers a program in graduate medical education. Its more than 400 physicians on staff represent nearly all medical and surgical specialties.

MCP, formerly The Woman's Medical College of Pennsylvania, operates a medical school with an enrollment of 470 students, a graduate school of biomedical sciences, and a 445-bed teaching hospital, which includes Eastern Pennsylvania Psychiatric Institute, an adjacent 93-bed acute care psychiatric center.

MCP is noted for introducing the study of humanities to the medical education curriculum, and for its residency training in emergency medicine and its four-year curriculum in geriatrics and gerontology. The institution offers the largest medical school-based program for continuing education in the country, serving more than 19,000 physicians, nurses, and mental health practitioners annually.

Financially, the merger will strengthen MCP. MCP expects to report an operating loss this year. Last fiscal year, MCP reported about $142 million in revenues and about $10 million in endowment funds. The college's hospital has struggled in the face of changes in hospital payment plans and services offered. AHSI, on the other hand, reported annual revenues of $360 million and endowment funds of about $150 million.

"The new agreement will strengthen both MCP and AHSI, enabling both to better meet the academic, health care, and research needs of the 21st century," Dr. Cohen said.

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PAMD 987

Physician-owned insurers hold annual session

More than 850 physicians and their medical liability insurers gathered in Colorado to attend the annual meeting of the Physician Insurers Association of America (PIAA), a group made up of approximately 40 physician-owned professional liability insurance companies.

At the meeting, Douglass M. Phillips, the executive vice president of Medical Mutual Insurance Company of North Carolina was installed as the new president of the PIAA. David S. Masland, MD, a Carlisle internist who is chairman of the Board of the PMS Liability Insurance Co., was reelected to the PIAA's board of trustees. Dr. Masland also serves as vice president of the organization.

Donald J. Fager, Esq., the immediate past president of the PIAA told those attending the meeting that although "medical malpractice problems still exist, . . . so do the spunky, young doctor-owned companies, whose efforts to provide reasonably priced liability insurance to doctors were expected to be short-lived." Fager is secretary-treasurer of Medical Liability Mutual of New York.

Phillips, in his inaugural address said PIAA companies are now the "dominant market for physicians' professional liability insurance in the United States," providing coverage for more than half of the practicing physicians in the nation. The physician-owned companies must continue to stress their major goal—to serve physicians by providing reasonably priced malpractice protection, he said.

Physician-members at the meeting expressed the need to make further distinctions between commercial writers of medical liability insurance and the physician-owned companies (which are mainly nonprofit), the need for alternative solutions to resolving medical malpractice claims, and the need to find a better way to compensate medical liability claimants. "Our present system is cumbersome, wasteful in terms of financial and human resources, and not equitable," Fager said.

Phillips urged the PIAA companies to develop a single claims reporting form which would satisfy requests for information that come from government and other sources. "We need a claims reporting system that will provide statistically relevant data while protecting the confidential nature of individual physicians' and patients' claims files," he said.

The organization announced it will initiate three studies of claims related to breast, lung, and colon cancer, and that work is continuing on a study of the present liability insurance system. The association's Special Committee to Study Alternatives to the Present System, a group composed of physicians, insurers, and attorneys, has been meeting for two years to review tort reform proposals and other initiatives aimed at improving the liability climate.

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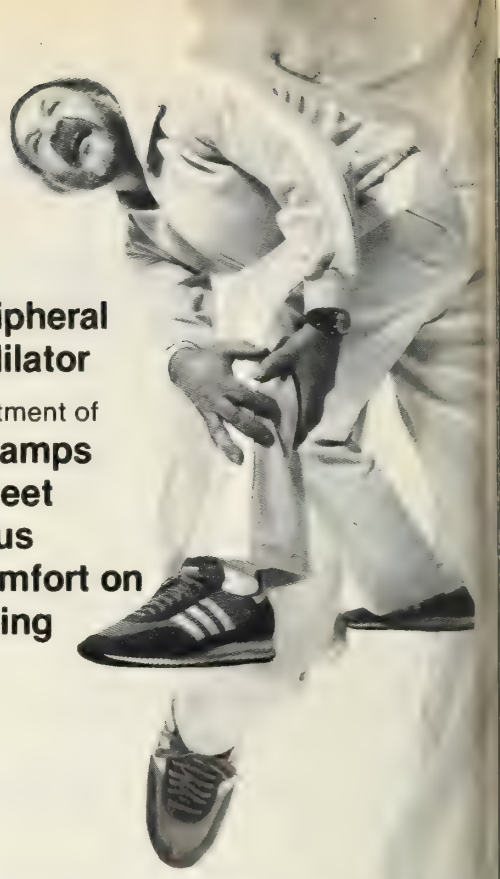

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3:20-3:40 p.m.- Angioplasty—Jai B. Agarwal, M.D.
3:40-4:00 p.m.- Laser technology—J. David Ogilby, M.D.
4:00-4:30 p.m.- Case presentations—Charles Cummings, M.D.
4:30-5:00 p.m.- Panel discussion—Ancil A. Jones, M.D. and Julian D. Gladstone, M.D.

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Physicians unite in opposing nuclear war

As international strife continues to mount, physicians worldwide have joined forces to prevent nuclear war. A result of their dedication, IPPNW—International Physicians for Prevention of Nuclear War—has met seven times to discuss potential solutions to world problems and alternatives to nuclear war.

James E. Jones, MD
Paul Wengert Jr., MD

The First International Physicians for Prevention of Nuclear War (IPPNW) World Congress was held in Washington in 1981 with 70 physicians from 12 countries. This Seventh Congress was held in Moscow with 2,500 delegates from 60 nations—so many delegates that registration had to be closed a month early because of the large response. The original and continuing purpose of IPPNW has been to educate the leaders and the people of the world as to the dangers of nuclear war. For success in this area, the 1985 Nobel Peace Prize was awarded to IPPNW.

At the opening session, Senator Albert Gore Jr. summed up the feelings of most of those who attended when he said that survival after nuclear war would be a delusion for most and a nightmare for the rest. In addition, Presidents Reagan and Gorbachev sent statements to the congress and both have agreed that nuclear war must never be fought.

With this agreement by world leaders and the evident nightmarish facts, why has the number of weapons grown so that as little as one-half percent of the nuclear arsenal can destroy civilization and virtually extinguish human life? IPPNW issued a statement that includes the following: " . . .We learned, for example, that fifty thousand nuclear warheads are on constant alert, restrained by systems of men and machines. Whether through miscalculation or malice, those systems—like all systems—will one day fail. Those who argue that nuclear deterrence promotes peace ignore the mathematical certainty that nuclear deterrence inevitably impels a nuclear catastrophe." ("What We Believe." IPPNW, 7th World Congress, Moscow, May 28, 1987.)

That the arms race soars on in the face of its overwhelming potential for disaster is the dilemma facing the world. It was very appropriate that Albert Einstein's statement, "We shall require a substantially new manner of thinking if mankind is to survive," was chosen as the theme for this Seventh Congress. Because there is no cure for nuclear war once it erupts, many agreed that prevention is our only sane option.

While physicians are most comfortable leading the important educational and medical aspects of this problem, it is in the political arena that prevention must be found. Medicine has engaged in politics to promote many public health reforms such as universal immunization and sanitation of water and currently is promoting seat belt safety and campaigns against smoking and AIDS. Should we then shy away from the political arena concerning nuclear war, which is by far our most important public health threat?

Canadian military historian and journalist Gwynne Dyer told the delegates that nuclear weapons were only symptoms, not the disease itself, and that arms control alone was not the cure. "The real problem is not weapons, but war, and the international system that produces war. The institution of warfare is simply not compatible with a technologically advanced civilization because the levels of destruction it can create are too great. Nuclear weapons now dominate our reality only because they are the cheapest method of mass destruction." He identified two aspects of the basic disease that he believes require treatment and are mutually reinforcing—international political and military structures, and perceptions of the "other" (the enemy). (Dyer, G. *A New Manner of Thinking.* Lancet, vol. 1, 1987, p. 1383.)

Many speakers emphasized the fallibility of technology with particular attention to the accidents of Chernobyl and Challenger. Speakers noted that the effects of the Chernobyl accident, which were very minor compared to the destruction a single nuclear bomb can

Drs. Paul Wengert Jr. and James Jones, of New Cumberland, were among the 2,500 physicians who attended the Seventh World Congress of International Physicians for the Prevention of Nuclear War (IPPNW) in Moscow several months ago. Physicians from 60 nations met to discuss the threat of nuclear war and to think of ways IPPNW can work to prevent a nuclear disaster.

While visiting the Soviet Union, Wengert and Jones found a Soviet Union quite unlike the Soviet Union Americans often think of. "Our commonness is much greater and more important than the things that separate us," they said.

They said that the Russians are not war hungry and want world peace as much as Americans do. "The people have known war and do want peace in a personal and passionate way that is hard for us to understand," Jones said.

They said that the Russians were friendly and eager to talk to Americans.

One recent change in Soviet culture the doctors were able to experience is *glasnost*, or openness. They said they were free to see and do what they wanted. They were not followed or interrogated.

Jones said that although he believes *glasnost* is real, it will be hard for the Soviets to change. "Change is threatening to many," he said.

Wenger said he encourages Americans to visit the Soviet Union.

Dr. Jones is a pediatrician practicing in Harrisburg. Dr. Wenger is a general surgeon in Harrisburg.

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cause, taxed the medical facilities of an entire major nation. They also stressed that the effects of the radiation did not respect artificial national boundaries. Senator Gore said that in each case clear warnings were not heeded. "Faith and hope in technology blinded us to the obvious risks," he said.

The new manner of thinking encouraged by the congress propounded that the solution must be through political channels because war is basically a political problem. Most agreed that common security is the only route to individual and national security. If the United States is destroyed, the USSR will perish also. This is also ironically true for the other 90 percent of the world's people who have little control over the events.

Mankind has many other shared problems that need our attention. Dr. Carl Sagan contended that the carbon dioxide greenhouse effect and the atmospheric ozone depletion are immediate problems that also show no respect for national boundaries. When you view earth from above, no national boundaries are apparent, he observed. (Smith, J. Meeting of Minds in Moscow. *Br Med Journal*, vol. 294, p. 1539)

Dr. Rugunda, Minister of Health in Uganda, reminded us that we do have a model of successful world cooperation in the eradication of smallpox, which had been a scathing disease for 10,000 years. Not until the United States, the USSR, and other nations joined in a cooperative effort was this disease eliminated from the world population.

In this spirit of cooperation, the IPPNW has developed a plan to help bind the world family together. This plan involves using satellite communications to promote health and transfer medical information throughout the world.

While conflicts are inevitable, an understanding and tolerance of others is an achievable goal. We should seek every opportunity to know each other better by promoting all types of East-West exchange programs. All can take part—physicians, artists, students, laborers—people from all walks of life. "Citizen diplomacy" can be an integral part in both nations' policy making efforts. This exchange in mind, several speakers praised *glasnost*, the new Soviet push toward free expression, and hoped it would aid East-West understanding.

Finally, the congress suggested we think in terms of all nations relinquishing some parts of their national sovereignty. Dr. Bernard Lown, co-president of IPPNW said, "The bomb cannot be disinvented, but it can be abolished." To do this, the congress realized that there must be other ways to resolve our conflicts, such as effective world courts and laws. Absolute national sovereignty is not sacred. The congress noted that we gave up some areas of our individual sovereignty to become members of tribes, and then further portions to join cities, states, and eventually nations. For example, in commerce we are already a global economy. Many agreed that, although it is not easy to give up even a little sovereignty in politics, it is absolutely essential if we are to have a survivable global society.

Our feelings returning from the congress were those of urgency but also optimism. Dr. Theodore Hesburgh of Notre Dame University said, "The nuclear threat may indeed finally bring humanity together." A good parting thought is in the IPPNW statement: "Our species will not abolish differences or resolve every conflict. But we are surely capable of cooperating for shared interest. Physicians are optimists because the cooperation required to preclude extinction is the same as that needed to promote life. Humanity will endure and prevail." ("What We Believe." IPPNW, 7th World Congress, Moscow, May 28, 1987.)

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New tax law requires fiscal year conformity

Vasilios J. Kalogredis, JD, CPBC, CFP Jeffrey B. Sansweet, JD

The Tax Reform Act of 1986 requires that all "personal service corporations," partnerships, and S-Corporations adopt the calendar year as a fiscal year by the end of 1987, unless they can convince the IRS of a business purpose for a different fiscal year.

Thus, many professional health care entities will have to file two tax returns for 1987. For example, if a corporation's fiscal year presently ends on June 30, tax returns will have to be filed for the twelve-month period ending June 30, 1987, and again for the six-month period beginning July 1, 1987 and ending December 31, 1987.

There is some hope that this provision will be changed, or at least delayed, for another year. Pennsylvania's Senator Heinz has submitted a bill that would delay the effective date of the rule until 1988 or 1989. Another proposal would allow corporations and partnerships to maintain their fiscal years, provided they make enhanced estimated tax payments to lessen the effect of any tax deferral that may result from the mismatch between the entities' and owners' tax year. Although this idea has some support, it is complicated to understand and implement and therefore may not pass.

An entity may keep its fiscal tax year if it can convince the IRS that a substantial business purpose exists for such a year. Most medical practices, however, operate as personal service corporations or partnerships, and are unlikely to fit within the business purpose exception. To show that a business purpose exists, the entity must have received, in the last two months of the selected tax year, at least 25 percent of its gross receipts and must have done so (taking into consideration a predecessor entity) for three consecutive 12-month periods. A business with a more or less steady monthly income, such as a medical practice, does not have a natural business year. The Conference Committee Report to the new tax law lists the following factors as ordinarily insufficient to establish a business purpose with respect to a particular fiscal tax year:

1. the use of a particular year for regulatory or financial accounting purposes;
2. the hiring patterns of a particular business, e.g., the fact that a firm typically hires more staff during certain times of the year;
3. the use of a particular year for administrative purposes, such as the promotion of staff, and the compensation or retirement arrangement with staff, partners, or shareholders; and
4. the fact that a particular business involves the use of price lists, model year, or other items that change on an annual basis.

The Act also specifically excludes from the definition of "business purpose" the old three-month-or-less deferral of income rule.

Assuming the calendar-year provision is not changed or repealed, businesses will need to close the books on December 31, 1987. Also, all agreements should be revised to reflect this change in corporate years, and a corporate resolution should be made authorizing the change to a calendar year.

In the past, if an entity were to change from a fiscal year to a calendar year, a Form 1128 had to be filed with the IRS. Now, if an entity must switch to a calendar year due to the new law, a Form 1128 need not be filed. Instead, the words "Filed under Section 806 of the Tax Reform Act of 1986" must be typed or printed on the top of the first page of the tax return filed for the short year ending December 31, 1987.

To avoid unfair "bunching" of an individual taxpayer's income, any partner in a partnership or owner of an S-Corporation who is required to include the income from more than one tax year of the partnership or S-Corporation in 1987 due to the new provision may spread out the taxable net income from the short period over four years. However, an owner of a personal service corporation that is not an S-Corporation may not spread the short period income over time. Each owner's income is taxed upon receipt. The personal service corporation's taxable income, however, is determined on a 12-month annualization method, in which the corporation is taxed as if it were operating on a full-year basis, and then the taxes are reduced to reflect the number of actual months in the short period.

Another item to consider is changing fiscal retirement plan years to calendar years. At this time there is no requirement to conform plan years to the employer's year end. Nevertheless, for the ease of administration, the switch to a calendar plan year may be worthwhile. The plan year of a pension plan and its related trust may be changed without obtaining prior approval from the IRS when the last day of the short period required to effect the change ends after June 22, 1987, provided that the following seven conditions are met: first, no plan year may be more than 12 months long; second, the change may not delay the time when the plan would otherwise have been required to conform to IRS requirements; third, the trust must retain its exempt status for the short period required to effect the change, as well as for the tax year immediately preceding the short period; fourth, the trust must have no unrelated business taxable income for the short period; fifth, all actions necessary to implement the change of plan year, including plan and trust amendments and a resolution of the Board of Directors, must have been taken on or before the last day of the short period; sixth, no change of plan year may have been made for any of the four preceding plan years; and seventh, in the case of a defined benefit plan, the deductions must be taken in accordance with IRS guidelines.

If the above automatic approval requirements are not met, the employer or plan administrator must file a Form 5308 with the IRS to obtain approval to change a pension plan and trust year. Form 5308 is to be filed on or before the last day of the end of the short period.

Because the likely upcoming switch to a calendar year will impact your practice finances this year and because new information is coming out regularly you should start planning now. □

The authors are associated with Professional Practice Consulting, Inc., and Kalogredis and Wade Law Associates Ltd., of Wayne.

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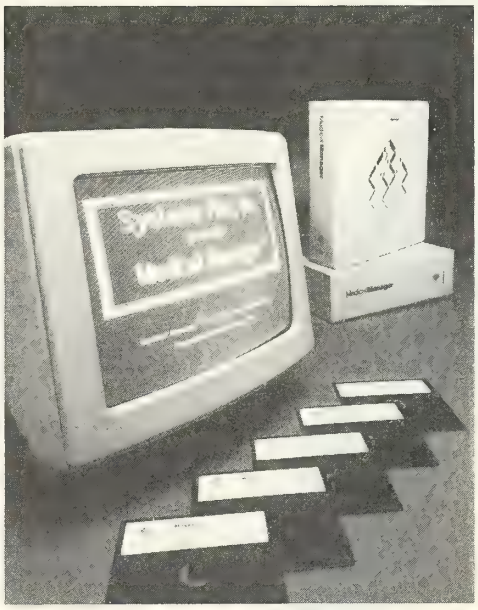

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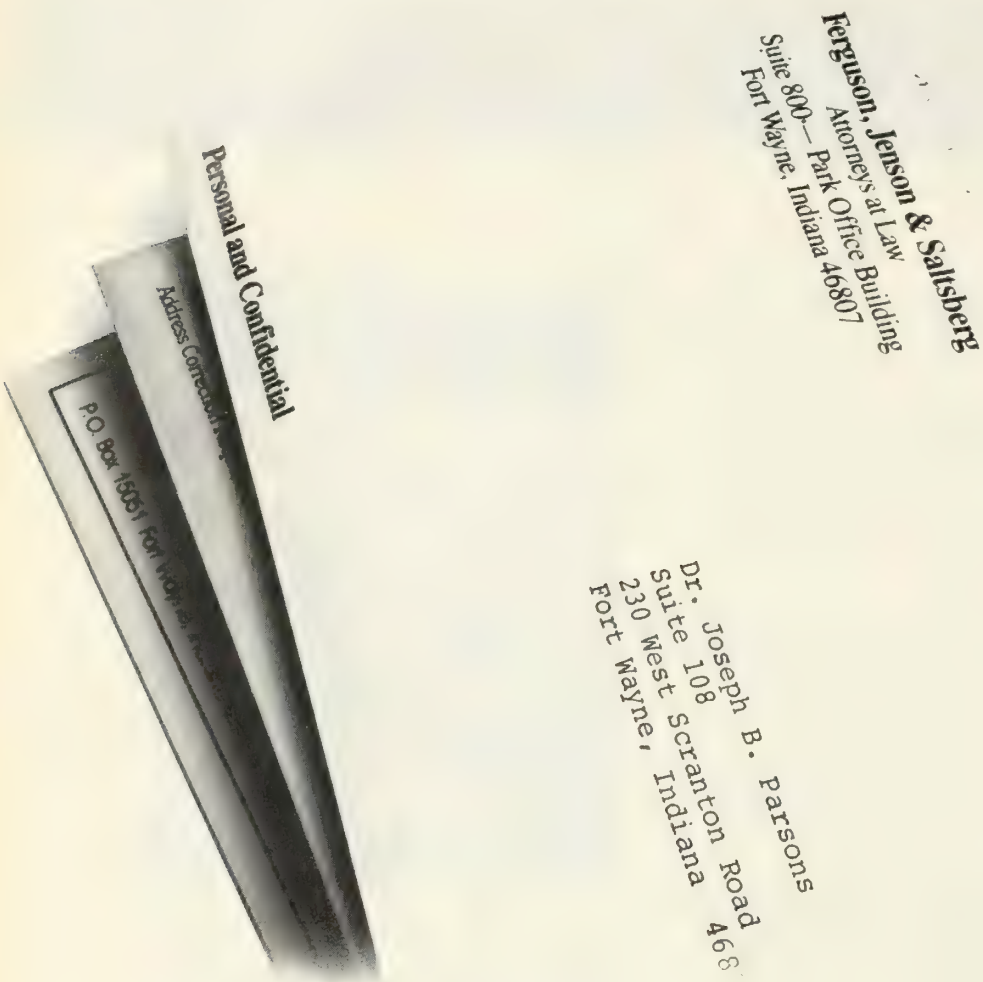

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Sole therapy or concomitant therapy? Fifty-nine percent of the time, INDERAL LA stood on its own.

The patients in the nationwide compliance trial were no different from yours. Generally when the antihypertensive regimen is complicated, compliance may become a problem. So, the effectiveness of INDERAL LA as once-daily monotherapy is a big plus. Of the remaining hypertensives in the program, 36% were treated merely with the addition of a diuretic to INDERAL LA.

For the noncompliant patients in your practice, INDERAL LA may well be the answer.

Almost 20,000 of the patients in the nationwide compliance trial were identified as having been noncompliant with their previous antihypertensive therapy. Their physicians reported that 88% showed improved compliance when placed on once-daily INDERAL LA.

Control, comfort, and compliance

ONCE-DAILY
INDERAL® LA
(PROPRANOLOL HCl) LONG ACTING CAPSULES

Like conventional INDERAL Tablets, INDERAL LA should not be used in the presence of congestive heart failure, sinus bradycardia, cardiogenic shock, heart block greater than first degree, and bronchial asthma.

*After a 30-day trial with INDERAL LA, physicians reported that 90% of the patients would remain on INDERAL LA.

The one you know best keeps looking better

NOW AVAILABLE...
NEW LOW DOSE
INDERAL LA 60 mg
(PROPRANOLOL HCl) LONG ACTING CAPSULES

Please see next page for brief summary of prescribing information

The one you know best keeps looking better

BRIEF SUMMARY *(FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE CIRCULAR.)*

INDERAL® LA brand of propranolol hydrochloride **(Long Acting Capsules)**

DESCRIPTION. INDERAL LA is formulated to provide a sustained release of propranolol hydrochloride. INDERAL LA is available as 60 mg, 80 mg, 120 mg, and 160 mg capsules.

CLINICAL PHARMACOLOGY. INDERAL is a nonselective, beta-adrenergic receptor-blocking agent possessing no other autonomic nervous system activity. It specifically competes with beta-adrenergic receptor-stimulating agents for available receptor sites. When access to beta-receptor sites is blocked by INDERAL, the chronotropic, inotropic, and vasodilator responses to beta-adrenergic stimulation are decreased proportionately.

INDERAL LA Capsules (60, 80, 120, and 160 mg) release propranolol HCl at a controlled and predictable rate. Peak blood levels following dosing with INDERAL LA occur at about 6 hours and the apparent plasma half-life is about 10 hours. When measured at steady state over a 24-hour period the areas under the propranolol plasma concentration-time curve (AUCs) for the capsules are approximately 60% to 65% of the AUCs for a comparable divided daily dose of INDERAL Tablets. The lower AUCs for the capsules are due to greater hepatic metabolism of propranolol, resulting from the slower rate of absorption of propranolol. Over a twenty-four (24) hour period, blood levels are fairly constant for about twelve (12) hours then decline exponentially.

INDERAL LA should not be considered a simple mg-for-mg substitute for conventional propranolol and the blood levels achieved do not match (are lower than) those of two to four times daily dosing with the same dose. When changing to INDERAL LA from conventional propranolol, a possible need for retitration upwards should be considered especially to maintain effectiveness at the end of the dosing interval. In most clinical settings, however, such as hypertension or angina where there is little correlation between plasma levels and clinical effect, INDERAL LA has been therapeutically equivalent to the same mg dose of conventional INDERAL as assessed by 24-hour effects on blood pressure and on 24-hour exercise responses of heart rate, systolic pressure and rate pressure product. INDERAL LA can provide effective beta blockade for a 24-hour period.

INDICATIONS AND USAGE. Hypertension: INDERAL LA is indicated in the management of hypertension. It may be used alone or used in combination with other antihypertensive agents, particularly a thiazide diuretic. INDERAL LA is not indicated in the management of hypertensive emergencies.

Angina Pectoris Due to Coronary Atherosclerosis: INDERAL LA is indicated for the long-term management of patients with angina pectoris.

Migraine: INDERAL LA is indicated for the prophylaxis of common migraine headache. The efficacy of propranolol in the treatment of a migraine attack that has started has not been established and propranolol is not indicated for such use.

Hypertrophic Subaortic Stenosis: INDERAL LA is useful in the management of hypertrophic subaortic stenosis, especially for treatment of exertional or other stress-induced angina, palpitations, and syncope. INDERAL LA also improves exercise performance. The effectiveness of propranolol hydrochloride in this disease appears to be due to a reduction of the elevated outflow pressure gradient which is exacerbated by beta-receptor stimulation. Clinical improvement may be temporary.

CONTRAINDICATIONS. INDERAL is contraindicated in 1) cardiogenic shock, 2) sinus bradycardia and greater than first-degree block, 3) bronchial asthma, 4) congestive heart failure (see WARNINGS) unless the failure is secondary to a tachyarrhythmia treatable with INDERAL.

ONCE-DAILY

INDERAL® LA

(PROPRANOLOL HCl)

LONG ACTING CAPSULES

60 mg 80 mg 120 mg 160 mg

WARNINGS. CARDIAC FAILURE. Sympathetic stimulation may be a vital component supporting circulatory function in patients with congestive heart failure, and its inhibition by beta blockade may precipitate more severe failure. Although beta blockers should be avoided in overt congestive heart failure, if necessary, they can be used with close follow-up in patients with a history of failure who are well compensated and are receiving digitalis and diuretics. Beta-adrenergic blocking agents do not abolish the inotropic action of digitalis on heart muscle.

IN PATIENTS WITHOUT A HISTORY OF HEART FAILURE, continued use of beta blockers can, in some cases, lead to cardiac failure. Therefore, at the first sign or symptom of heart failure, the patient should be digitalized and/or treated with diuretics, and the response observed closely, or INDERAL should be discontinued (gradually, if possible).

IN PATIENTS WITH ANGINA PECTORIS, there have been reports of exacerbation of angina and, in some cases, myocardial infarction, following *abrupt* discontinuance of INDERAL therapy. Therefore, when discontinuance of INDERAL is planned, the dosage should be gradually reduced over at least a few weeks, and the patient should be cautioned against interruption or cessation of therapy without the physician's advice. If INDERAL therapy is interrupted and exacerbation of angina occurs, it usually is advisable to reinstitute INDERAL therapy and take other measures appropriate for the management of unstable angina pectoris. Since coronary artery disease may be unrecognized, it may be prudent to follow the above advice in patients considered at risk of having occult atherosclerotic heart disease who are given propranolol for other indications.

Nonallergic Bronchospasm (eg, chronic bronchitis, emphysema) PATIENTS WITH BRONCHOSPASTIC DISEASES SHOULD IN GENERAL NOT RECEIVE BETA BLOCKERS. INDERAL should be administered with caution since it may block bronchodilation produced by endogenous and exogenous catecholamine stimulation of beta receptors.

MAJOR SURGERY. The necessity or desirability of withdrawal of beta-blocking therapy prior to major surgery is controversial. It should be noted, however, that the impaired ability of the heart to respond to reflex adrenergic stimuli may augment the risks of general anesthesia and surgical procedures.

INDERAL (propranolol HCl), like other beta blockers, is a competitive inhibitor of beta-receptor agonists and its effects can be reversed by administration of such agents, eg, dobutamine or isoproterenol. However, such patients may be subject to protracted severe hypotension. Difficulty in starting and maintaining the heartbeat has also been reported with beta blockers.

DIABETES AND HYPOGLYCEMIA. Beta blockers should be used with caution in diabetic patients if a beta-blocking agent is required. Beta blockers may mask tachycardia occurring with hypoglycemia, but other manifestations such as dizziness and sweating may not be significantly affected. Following insulin-induced hypoglycemia, propranolol may cause a delay in the recovery of blood glucose to normal levels.

THYROTOXICOSIS. Beta blockade may mask certain clinical signs of hyperthyroidism. Therefore, abrupt withdrawal of propranolol may be followed by an exacerbation of symptoms of hyperthyroidism, including thyroid storm. Propranolol may change thyroid function tests, increasing T_4 and reverse T_3, and decreasing T_3.

IN PATIENTS WITH WOLFF-PARKINSON-WHITE SYNDROME, several cases have been reported in which, after propranolol, the tachycardia was replaced by a severe bradycardia requiring a demand pacemaker. In one case, this resulted after an initial dose of 5 mg propranolol.

PRECAUTIONS. GENERAL. Propranolol should be used with caution in patients with impaired hepatic or renal function. INDERAL (propranolol HCl) is not indicated for the treatment of hypertensive emergencies.

Beta-adrenoreceptor blockade can cause reduction of intraocular pressure. Patients should be told that INDERAL may interfere with the glaucoma screening test. Withdrawal may lead to a return of increased intraocular pressure.

CLINICAL LABORATORY TESTS. Elevated blood urea levels in patients with severe heart disease, elevated serum transaminase, alkaline phosphatase, lactate dehydrogenase.

DRUG INTERACTIONS. Patients receiving catecholamine-depleting drugs such as reserpine should be closely observed if INDERAL is administered. The added catecholamine-blocking action may produce an excessive reduction of resting sympathetic nervous activity which may result in hypotension, marked bradycardia, vertigo, syncopal attacks, or orthostatic hypotension.

Caution should be exercised when patients receiving a beta blocker are administered a calcium-channel-blocking drug, especially intravenous verapamil, for both agents may depress myocardial contractility or atrioventricular conduction. On rare occasions, the concomitant intravenous use of a beta blocker and verapamil has resulted in serious adverse reactions, especially in patients with severe cardiomyopathy, congestive heart failure or recent myocardial infarction.

Aluminum hydroxide gel greatly reduces intestinal absorption of propranolol.

Ethanol slows the rate of absorption of propranolol.

Phenytoin, phenobarbitone, and *rifampin* accelerate propranolol clearance.

Chlorpromazine, when used concomitantly with propranolol, results in increased plasma levels of both drugs.

Antipyrine and *lidocaine* have reduced clearance when used concomitantly with propranolol.

Thyroxine may result in a lower than expected T_3 concentration when used concomitantly with propranolol.

Cimetidine decreases the hepatic metabolism of propranolol, delaying elimination and increasing blood levels.

Theophylline clearance is reduced when used concomitantly with propranolol.

CARCINOGENESIS, MUTAGENESIS, IMPAIRMENT OF FERTILITY: Long-term studies in animals have been conducted to evaluate toxic effects and carcinogenic potential. In 18-month studies in both rats and mice, employing doses up to 150 mg/kg/day, there was no evidence of significant drug-induced toxicity. There were no drug-related tumorigenic effects at any of the dosage levels. Reproductive studies in animals did not show any impairment of fertility that was attributable to the drug.

PREGNANCY: Pregnancy Category C. INDERAL has been shown to be embryotoxic in animal studies at doses about 10 times greater than the maximum recommended human dose.

There are no adequate and well-controlled studies in pregnant women. INDERAL should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

NURSING MOTHERS. INDERAL is excreted in human milk. Caution should be exercised when INDERAL (propranolol HCl) is administered to a nursing woman.

PEDIATRIC USE. Safety and effectiveness in children have not been established.

ADVERSE REACTIONS. Most adverse effects have been mild and transient and have rarely required the withdrawal of therapy.

Cardiovascular. Bradycardia, congestive heart failure, intensification of AV block, hypotension; paresthesia of hands, thrombocytopenic purpura, arterial insufficiency, usually of the Raynaud type.

Central Nervous System. Light-headedness, mental depression manifested by insomnia, lassitude, weakness, fatigue, reversible mental depression progressing to catatonia, visual disturbances, hallucinations, vivid dreams, an acute reversible syndrome characterized by disorientation for time and place, short-term memory loss, emotional lability, slightly clouded sensorium, and decreased performance on neuropsychometrics. For immediate formulations, fatigue, lethargy, and vivid dreams appear dose related.

Gastrointestinal. Nausea, vomiting, epigastric distress, abdominal cramping, diarrhea, constipation, mesenteric arterial thrombosis, ischemic colitis.

Allergic. Pharyngitis and agranulocytosis, erythematous rash, fever combined with aching and sore throat, laryngospasm and respiratory distress.

Respiratory. Bronchospasm.

Hematologic. Agranulocytosis, nonthrombocytopenic purpura, thrombocytopenic purpura.

Auto-Immune. In extremely rare instances, systemic lupus erythematosus has been reported.

Miscellaneous. Alopecia, LE-like reactions, psoriasiform rashes, dry eyes, male impotence, and Peyronie's disease have been reported rarely. Oculomucocutaneous reactions involving the skin, serous membranes and conjunctivae reported for a beta blocker (practolol) have not been associated with propranolol.

DOSAGE AND ADMINISTRATION. INDERAL LA provides propranolol hydrochloride in a sustained-release capsule for administration once daily. If patients are switched from INDERAL Tablets to INDERAL LA Capsules, care should be taken to assure that the desired therapeutic effect is maintained. INDERAL LA should not be considered a simple mg-for-mg substitute for INDERAL. INDERAL LA has different kinetics and produces lower blood levels. Retitration may be necessary, especially to maintain effectiveness at the end of the 24-hour dosing interval.

HYPERTENSION — *Dosage must be individualized.* The usual initial dosage is 80 mg INDERAL LA once daily, whether used alone or added to a diuretic. The dosage may be increased to 120 mg once daily or higher until adequate blood-pressure control is achieved. The usual maintenance dosage is 120 to 160 mg once daily. In some instances a dosage of 640 mg may be required. The time needed for full hypertensive response to a given dosage is variable and may range from a few days to several weeks.

ANGINA PECTORIS — *Dosage must be individualized.* Starting with 80 mg INDERAL LA once daily, dosage should be gradually increased at three- to seven-day intervals until optimal response is obtained. Although individual patients may respond at any dosage level, the average optimal dosage appears to be 160 mg once daily. In angina pectoris, the value and safety of dosage exceeding 320 mg per day have not been established.

If treatment is to be discontinued, reduce dosage gradually over a period of a few weeks (see WARNINGS).

MIGRAINE — *Dosage must be individualized.* The initial oral dose is 80 mg INDERAL LA once daily. The usual effective dose range is 160-240 mg once daily. The dosage may be increased gradually to achieve optimal migraine prophylaxis. If a satisfactory response is not obtained within four to six weeks after reaching the maximal dose, INDERAL LA therapy should be discontinued. It may be advisable to withdraw the drug gradually over a period of several weeks.

HYPERTROPHIC SUBAORTIC STENOSIS — 80-160 mg INDERAL LA once daily.

PEDIATRIC DOSAGE — At this time the data on the use of the drug in this age group are too limited to permit adequate directions for use.

*The appearance of these capsules is a registered trademark of Ayerst Laboratories.

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medical feature

New guidelines for the treatment of tuberculosis

Frederick L. Jones Jr., MD

Recently there have been significant changes in the treatment of tuberculosis and tuberculous infection. The American Thoracic Society (ATS) and the Centers for Disease Control (CDC) have published a joint statement of currently recommended treatment practices, and the Pennsylvania Department of Health, at the recommendation of its Advisory Committee for Respiratory Diseases*, has issued revised guidelines for the care of tuberculous patients in the Commonwealth. This report summarizes the major features of these new guidelines. More detailed information is available from the ATS-CDC statement and the Tuberculosis Manual of the Pennsylvania Department of Health.

*Members of this committee are:
William M. Anderson, MD, George Bereznicki, MD, Frederick L. Jones Jr., MD, Helen Henderson, RN, Rob Roy MacGregor, MD, Robert L. Mayock, MD, Frederick L. Ruben, MD (Chairman), Edward M. Sewell MD, Robert G. Sharrar, MD, Charles J. White, and Robert J. Kantor, MD

Treatment of tuberculosis

Multiple well-designed trials have established the effectiveness of treatment programs of much less duration than the conventional 18–24 months. Today the preferred treatment of pulmonary tuberculosis in adults and children more than 12 years old is a 6-months regimen consisting of isoniazid, rifampin, and pyrazinamide given for two months followed by isoniazid and rifampin for four months. This "short

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PENNSYLVANIA DEPARTMENT OF HEALTH
TUBERCULOSIS CASES, 1984-1986

Cases of tuberculosis in Pennsylvania decreased to an 80-year low in 1986 according to figures released by the state Health Department. The 703 cases last year marked a 4.5 percent decrease from the 736 cases reported in 1985 and were the fewest cases confirmed in Pennsylvania since the Health Department began keeping records of the disease in 1906.

Philadelphia County reported 234 cases in 1986, a 10.3 percent decrease from the 261 cases in 1985. Allegheny County reported 101 cases last year and 85 cases in 1985, an increase of 18.8 percent. The other 65 counties decreased from 390 cases in 1985 to 368 cases in 1986, a decrease of 5.6 percent.

Tuberculosis in children up to 14 years of age increased slightly from 17 cases in 1985 to 18 cases last year.

The number of recurrent cases of tuberculosis—cases where the disease reappeared after the patient was discharged or stopped seeking treatment for 12 or more months—dropped 6.6 percent. In 1985 there were 61 recurrent cases and in 1986 there were 57 cases.

The most TB cases recorded in Pennsylvania occurred in 1909 when 14,646 cases were confirmed.

YEAR	1984	1985	1986
STATE TOTALS	836	736	703
ADAMS	3	0	4
ALLEGHENY	111	85	101
ARMSTRONG	1	1	3
BEAVER	9	2	5
BEDFORD	1	2	2
BERKS	19	7	11
BLAIR	8	6	2
BRADFORD	1	4	0
BUCKS	10	20	11
BUTLER	5	1	1
CAMBRIA	7	5	12
CAMERON	2	0	0
CARBON	6	4	2
CENTRE	3	3	1
CHESTER	17	9	3
CLARION	3	0	0
CLEARFIELD	3	1	1
CLINTON	0	0	1
COLUMBIA	1	3	3
CRAWFORD	2	1	3
CUMBERLAND	6	6	6
DAUPHIN	23	23	15
DELAWARE	49	33	18
ELK	1	1	0
ERIE	40	21	23
FAYETTE	5	4	14
FOREST	1	1	1
FRANKLIN	9	4	7
FULTON	0	1	0
GREENE	3	0	0
HUNTINGDON	1	5	3
INDIANA	5	0	7
JEFFERSON	2	0	0
JUNIATA	0	1	1
LACKAWANNA	21	25	22
LANCASTER	17	9	10
LAWRENCE	1	3	7
LEBANON	2	5	5
LEHIGH	17	30	15
LUZERNE	37	22	27
LYCOMING	2	4	3
MCKEAN	2	0	1
MERCER	6	4	5
MIFFLIN	3	5	5
MONROE	3	2	6
MONTGOMERY	42	31	20
MONTOUR	2	0	0
NORTHAMPTON	4	15	9
NORTHUMBERLAND	7	12	4
PERRY	0	4	0
PHILADELPHIA	239	261	234
PIKE	0	0	0
POTTER	0	0	0
SCHUYLKILL	17	8	13
SNYDER	3	2	1
SOMERSET	4	3	3
SULLIVAN	0	0	0
SUSQUEHANNA	0	1	0
TIOGA	1	1	0
UNION	0	0	2
VENANGO	3	3	1
WARREN	8	0	1
WASHINGTON	14	7	21
WAYNE	2	0	2
WESTMORELAND	9	13	19
WYOMING	0	0	0
YORK	13	12	6

course" program is not only cheaper and more convenient but highly effective as well. Ethambutol should be added to the regimen if isoniazid resistance is suspected, at least until information regarding drug susceptibility becomes available. After the first two months, the drugs may be administered twice weekly without sacrificing therapeutic efficacy.

A 9-months regimen consisting of isoniazid and rifampin is equally effective for treating pulmonary tuberculosis. Again, ethambutol should be added to the initial regimen if there is reason to suspect isoniazid resistance. This 9-months regimen is currently preferred in Pennsylvania for children less than 12 years of age; it is likely that the 6-months regimen outlined previously is equally safe and effective. Use of ethambutol is inadvisable in preschool children because of the difficulty of evaluating for occular toxicity.

If isoniazid resistance or intolerance is clearly present, the preferred treatment regimen is rifampin-ethambutol for 12 months. Rifampin resistance or intolerance calls for isoniazid-ethambutol for 18 months. In both instances the addition of pyrazinamide for the first two months will probably enhance therapeutic effectiveness. Should pyrazinamide, given as part of a planned 6-months regimen, not be tolerated, isoniazid and rifampin should be continued for a total of nine months.

Extrapulmonary tuberculosis may be treated effectively with the standard 6-months regimen. Current exceptions to this recommendation are patients with bone, joint, or lymphatic tuberculosis and children less than 12 years old; here nine months of treatment with isoniazid-rifampin is recommended. Further experience should determine if such exceptions are truly advisable.

Tuberculosis complicating AIDS generally responds well to treatment. CDC recommends an initial regimen of isoniazid, rifampin, and either ethambutol or pyrazinamide, the last two drugs usually administered during the first two months of therapy. Administration of isoniazid and rifampin should continue for a minimum of nine months and at least six months after the last positive sputum culture.

Any antituberculosis drug regimen, no matter how well planned, may fail if the patient does not take the medications prescribed in proper doses for the appropriate length of time. Careful attention must be paid to measures that foster compliance, including in some cases administration of every dose of medication by a responsible relative or health professional. In situations such as these, twice weekly treatment regimens and the "short course" 6-months programs have obvious advantages. Follow-up, usually monthly by a physician, nurse, or both, is chiefly for the purposes of monitoring compliance with medications, evaluating drug intolerance, and determining response to therapy. Sputum cultures should become negative during the first three months of treatment. After completion of treatment, a patient regarded as cooperative whose disease has responded well is usually discharged and instructed to return if there is a recurrence of symptoms suggestive of tuber-

Table 1
Treatment of Tuberculosis

Pulmonary TB in Adults and Children ≥ 12 years old
Isoniazid-rifampin-pyrazinamide daily for 2 months
then
Isoniazid-rifampin daily or twice weekly for 4 months

Pulmonary TB in Children < 12 years old & Alternate Regimen for Adults
Isoniazid-rifampin daily for 2 months
then
Isoniazid-rifampin daily or twice weekly for 7 months

Extrapulmonary Tuberculosis
Use 6-months regimen for most cases
Use 9-months regimen for:
—bone, joint, or lymphatic tuberculosis
—children < 12 years old
—AIDS or HIV antibody +

Table 2
Recommended Doses of Drugs Used for Initial Treatment of Tuberculosis

	Daily Dose		Twice Weekly Dose	
	Adults	**Children**	**Adults**	**Children**
Isoniazid	300 mg	10–20 mg/kg (maximum 300 mg)	900 mg	20–40 mg/kg (maximum 900 mg)
Rifampin	600 mg	10–20 mg/kg (maximum 600 mg)	600 mg	10–20 mg/kg (maximum 600 mg)
Pyrazinamide	15–30 mg/kg (maximum 2 g)	15–30 mg/kg (maximum 2 g)	50–70 mg/kg	50–70 mg/kg
Ethambutol	15–25 mg/kg (maximum 2.5 g)	15–25 mg/kg (maximum 2.5 g)	50 mg/kg	50 mg/kg
Streptomycin	10–15 mg/kg (maximum 1 g if age < 60; 750 mg if age > 60)	20–40 mg/kg (maximum 1 g)	25–30 mg/kg	25–30 mg/kg

Table 3
Preventive Treatment of Tuberculous Infection

Isoniazid for 6 Months
Close contact
Recent skin test converter
Silicosis
Coal-workers' pneumoconiosis
Malnutrition
Diabetes
Steroid, other immunosuppressive therapy
Chronic renal disease
Leukemias & lymphomas
Healthy, < age 35

Isoniazid for 12 Months
Children < age 12
AIDS or HIV antibody +
History of untreated TB
Pulmonary scars suggesting old TB

Rifampin for 12 Months
Suspect infection with isoniazid-resistant organism in
—Children
—Immunocompromised hosts

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culosis. Exceptions to this rule are patients of questionable compliance, those whose sputum cultures required more than three months of treatment to become negative, and patients receiving six months of chemotherapy—in these instances follow-up visits at six and 12 months are currently recommended by the Department of Health. Patients treated for tuberculosis who have AIDS or a positive test for HIV antibody probably require similar follow-up. (See Tables 1 and 2.)

Treatment of tuberculous infections

There have also been changes in the preferred treatment of tuberculous infection (positive tuberculin skin test without evidence of disease), the most significant of which is a shortening of treatment duration from 12 to six months in most instances. Exceptions include children less than 12 years old, those with prior untreated tuberculosis or pulmonary scars consistent with old healed tuberculosis on their chest films, and patients with AIDS or a positive test for HIV antibody. In all these instances, 12 months of treatment with isoniazid is recommended. Suspected infections by an isoniazid-resistant organism of children or persons of any age with defects in immunity calls for preventive treatment with rifampin for one year. As in the treatment of tuberculosis, patient compliance is crucial for success. (See Table 3.) □

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(Note: Copies of references 1 and 2 are available from local affiliates of the American Lung Association.)

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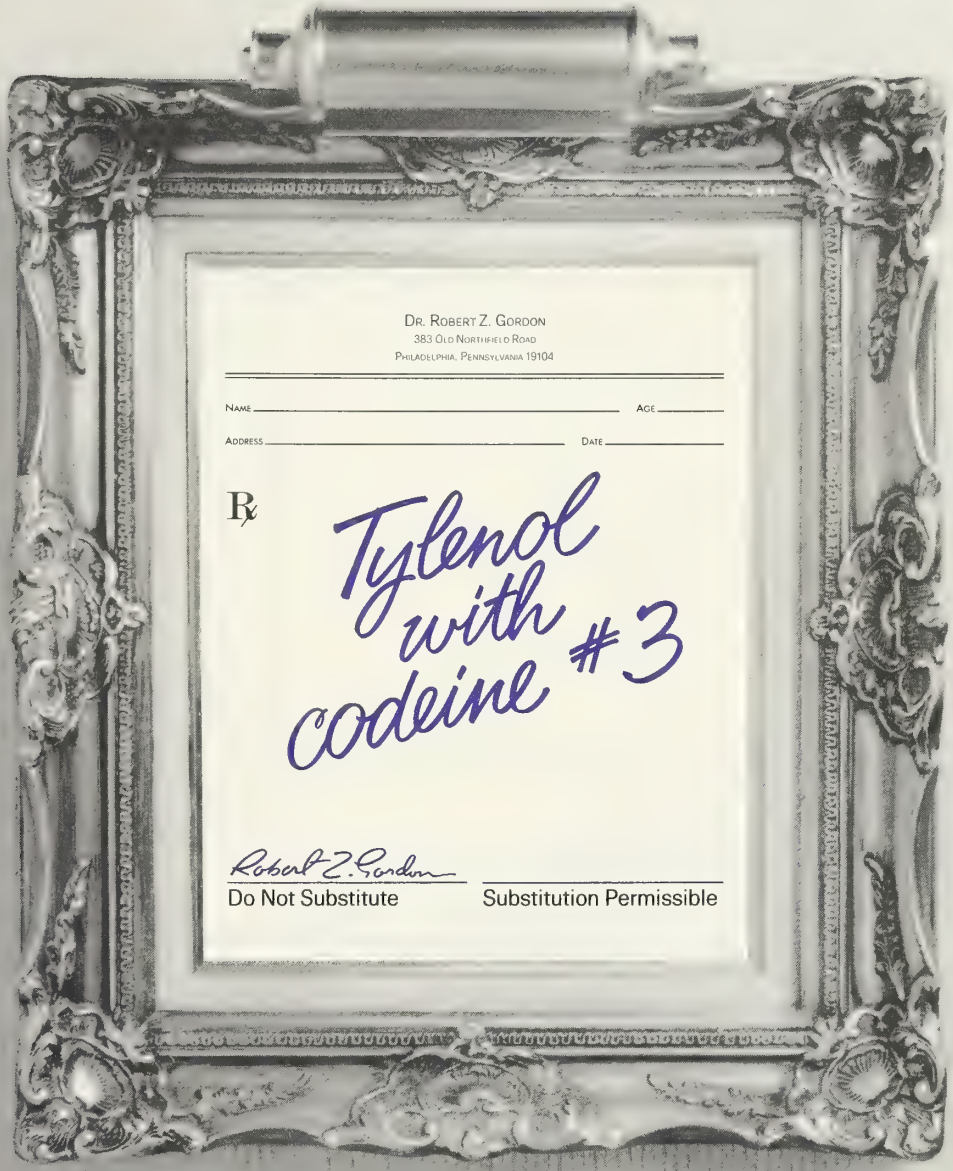

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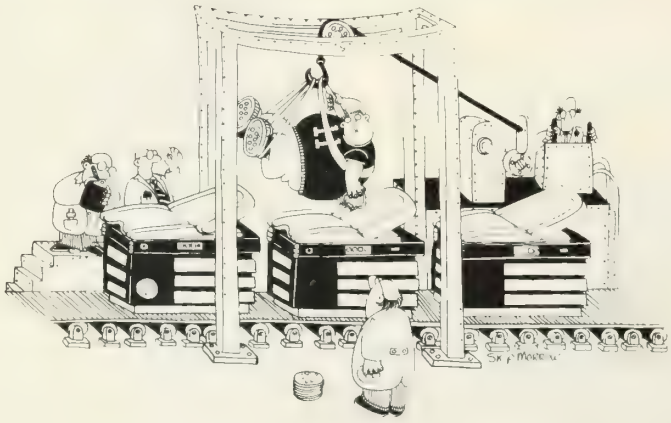

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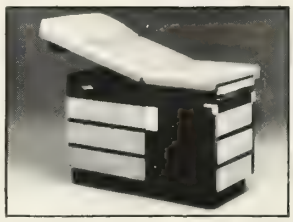

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Contraindications: Known hypersensitivity to the drug.
Warnings: Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage. Withdrawal symptoms (including convulsions) reported after abrupt cessation of extended use of excessive doses are similar to those seen with barbiturates. Milder symptoms reported infrequently when continuous therapy is abruptly ended. Avoid abrupt discontinuation, gradually taper dosage.
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Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression, suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants, causal relationship has not been established clinically. Due to isolated reports of exacerbation, use with caution in patients with porphyria.
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido — all infrequent and generally controlled with dosage reduction, changes in EEG patterns (low-voltage fast activity) may appear during and after treatment, blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.
Usual Daily Dosage: Individualize for maximum beneficial effects. *Oral — Adults:* Mild and moderate anxiety disorders and symptoms, 5 or 10 mg *t.i.d.* or *q.i.d.*; severe states, 20 or 25 mg *t.i.d.* or *q.i.d.* *Geriatric patients:* 5 mg *b.i.d.* to *q.i.d.* (See Precautions.)
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US HEALTHCARE

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physicians in the news

William A. Buchheit, MD, of Chestnut Hill, professor and chairman of neurosurgery at Temple University School of Medicine, has been awarded the annual "Physician of the Year Award" by the medical staff of the university hospital. Dr. Buchheit, an internationally recognized neurosurgeon, was cited for his outstanding contributions to the hospital, quality of patient care, and regional or national recognition for achievements in his specialty. This past spring he was visiting professor at the University of Tubingen in West Germany.

Bernard L. Segal, MD, of Villanova, has been named chief of cardiology and director of the Philadelphia Heart Institute at Presbyterian-University of Pennsylvania Medical Center. Dr. Segal had been director of the William Likoff Cardiovascular Institute at Hahnemann University in Philadelphia.

Robert C. Kleiner, MD, of Elkins Park, has been appointed to the Retina and Vitreous Service of the Scheie Eye Institute of the University of Pennsylvania, and assistant professor of ophthalmology in the University's School of Medicine. This appointment was announced by **Theodore Krupin, MD**, acting chairman and director of the Scheie Eye Institute.

Diana M. Koziupa, MD, was recently named director of mental health services at The Lower Bucks Hospital in Bristol Township. She had been medical director of the Bristol-Bensalem Human Services Center in Newportville. She was Board certified in psychiatry in 1986.

Alexander M. Minno, MD, of Pittsburgh, has been elected to the Board of Directors of the Mayo Clinic Alumni Association, Rochester, MN. A native of Johnstown, Dr. Minno is clinical assistant professor of medicine at the University of Pittsburgh.

Joseph A. Marasco Jr., MD, of Pittsburgh, recently received the Sigma Chi International Fraternity's highest honor for outstanding achievements in his professional field. Dr. Marasco was recognized both for his career in the field of radiology and his position as president of the American College of Radiology.

The professional staff of Osteopathic Medical Center of Philadelphia has elected officers for 1987-88. They are: **Theodore P. Mauer, DO**, chairman; **William Gilhool, DO**, vice-chairman; **John McPhilemy, DO**, secretary; **Steven Parrillo, DO**, treasurer; **Jerome Sulman, DO**, sergeant-at-arms.

Kenneth E. Fellows, MD, was recently named radiologist-in-chief at The Children's Hospital of Philadelphia. The appointment was announced by **Edmond F. Notebaert**, president and chief executive officer. In addition, Dr. Fellows was named a professor of radiology at the University of Pennsylvania School of Medicine, as announced by **Dean Edward J. Stemmler, MD**. Prior to his appointment, Dr. Fellows had been a radiologist and associate in cardiology at The Children's Hospital of Boston and associate professor of radiology at Harvard Medical School.

Kyong-Mi Chang, MD, of San Francisco, a member of the 1987 graduating class of The Medical College of Pennsylvania, recently received the Donald R. Cooper Prize for best overall performance in surgery. Dr. Chang is the first recipient of this award which was established in recognition of the leadership of Dr. Cooper, of Devon, former chairman of MCP's department of surgery and currently vice-president of clinical affairs.

Hubert A. Derby, MD, physician director of Misericordia Hospital's emergency department, has been named "Physician of the Year" by the Northeast Emergency Medicine Associates (NEEMA). Dr. Derby was selected for his clinical competence and leadership in developing a quality emergency medical services program.

Charles D. Puglia, PhD, of Glenside, associate professor of pharmacology, and **Garrett E. Bergman, MD**, of Narberth, professor of pediatrics, are the recipients of the 1987 Christian R. and Mary F. Lindback Awards for teaching excellence at the Medical College of Pennsylvania. Dr. Puglia directs the medical pharmacology course at MCP and is director of pharmaceutical education. Dr. Bergman is co-director of MCP's medical humanities program.

Eckhart G. Hahn, MD, has come from Germany to join the department of medicine at Jefferson Medical College of Thomas Jefferson University. The announcement was made by **Willis C. Maddrey, MD**, The Magee Professor of Medicine and chairman of the department. Dr. Hahn is Rorer professor of medicine and director of the division of gastroenterology and hepatology at Jefferson.

John A. Straka, MD, an otolaryngologist from Sewickley, has been appointed to the recently established committee for unified standards of the Hearing Aid Association of Pennsylvania. The 13-member committee seeks to promote professionalism among hearing health care specialists statewide.

Regis M. Maher, MD, of Uniontown, received an Alumni of Distinction Award from St. Vincent College on August 8. He attended St. Vincent Preparatory School from 1924 to 1926 and graduated with a degree in biology from St. Vincent College in 1932.

Larry A. Donoso, MD, PhD, noted research ophthalmologist, has been named the first Thomas D. Duane Professor of Ophthalmology at Wills Eye Hospital and Jefferson Medical College of Thomas Jefferson University.

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C I B A

(See Brief Summary of Prescribing Information on the next page.)

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BRIEF SUMMARY (FOR FULL PRESCRIBING INFORMATION, SEE PACKAGE INSERT)

INDICATIONS AND USAGE
This drug product has been conditionally approved by the FDA for the prevention and treatment of angina pectoris due to coronary artery disease. The conditional approval reflects a determination that the drug may be marketed while further investigation of its effectiveness is undertaken. A final evaluation of the effectiveness of the product will be announced by the FDA

CONTRAINDICATIONS
Intolerance of organic nitrate drugs, marked anemia, increased intraocular pressure or increased intracranial pressure

WARNINGS
In patients with acute myocardial infarction or congestive heart failure, Transderm-Nitro system should be used under careful clinical and/or hemodynamic monitoring
In terminating treatment of anginal patients, both the dosage and frequency of application must be gradually reduced over a period of 4 to 6 weeks to prevent sudden withdrawal reactions, which are characteristic of all vasodilators in the nitroglycerin class
Transdermal nitroglycerin systems should be removed before attempting defibrillation or cardioversion because of the potential for altered electrical conductivity which may enhance the possibilit of arcing, a phenomenon associated with the use of defibrillators

PRECAUTIONS
Symptoms of hypotension, such as faintness, weakness or dizziness, particularly orthostatic hypotension may be due to overdosage When these symptoms occur, the dosage should be reduced or use of the product discontinued
Transderm-Nitro system is not intended for immediate relief of anginal attacks For this purpose occasional use of the sublingual preparations may be necessary.

ADVERSE REACTIONS
Transient headaches are the most common side effect, especially when higher doses of the drug are used. These headaches should be treated with mild analgesics while Transderm-Nitro therapy is continued When such headaches are unresponsive to treatment the nitroglycerin dosage should be reduced or use of the product discontinued
Adverse reactions reported less frequently include hypotension, increased heart rate, faintness, flushing, dizziness, nausea and vomiting. These symptoms are attributable to the known pharmacologic effects of nitroglycerin, but may be symptoms of overdosage When they persist the dose should be reduced or use of the product discontinued In some patients, dermatitis may occur

DOSAGE AND ADMINISTRATION
Therapy should be initiated with application of one Transderm-Nitro 5 system to the desired area of skin Many patients prefer the chest; if hair is likely to interfere with system adhesion or removal, it can be clipped prior to placement of the system. Each system is designed to remain in place for 24 hours, and each successive application should be to a different skin area Transderm-Nitro system should not be applied to the distal parts of the extremities
The usual dosage is one Transderm-Nitro 5 system every 24 hours Some patients, however, may require the Transderm-Nitro 10 system If a single Transderm-Nitro 5 system fails to provide adequate clinical response, the patient should be instructed to remove it and apply either two Transderm-Nitro 5 systems or one Transderm-Nitro 10 system More systems may be added as indicated by continued careful monitoring of clinical response The Transderm-Nitro 2.5 system is useful principally for decreasing the dosage gradually, though it may provide adequate therapy for some patients when used alone
The optimal dosage should be selected based upon the clinical response, side effects, and the effects of therapy upon blood pressure. The greatest attainable decrease in resting blood pressure that is not associated with clinical symptoms of hypotension especially during orthostasis indicates the optimal dosage To decrease adverse reactions, the size and/or number of systems should be tailored to the individual patient's needs
Do not store above 86°F (30°C).

PATIENT INSTRUCTIONS FOR APPLICATIONS
A patient leaflet is supplied with the systems

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10 mg/24 hr	50 mg	20 cm²	30 Systems (NDC 0083-2110-26) *100 Systems (NDC 0083-2110-30)
15 mg/24 hr	75 mg	30 cm²	30 Systems (NDC 0083-2115-26) *100 Systems (NDC 0083-2115-30)

*Hospital Pack 100's

C85-35 (Rev. 11/85)

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All transdermal nitroglycerin products are being marketed pending final evaluation of effectiveness by the FDA.

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C I B A

obituaries

• *Denotes PMS membership at time of death.*

Ronald R. Bushyager, Irwin; Case Western Reserve University School of Medicine, 1934; age 79, died July 27, 1987. Dr. Bushyager was a general practitioner for more than 45 years in the Irwin area. •

Donald W. Gressly, Beaver; Georgetown University School of Medicine, 1934; age 78, died July 27, 1987. Dr. Gressly specialized in internal medicine. •

William A Heazlett, Lewisburg; University of Pittsburgh School of Medicine, 1928; age 85, died August 2, 1987. Dr. Heazlett specialized in internal medicine. •

John B. Jacobs, Lansdale; Hahnemann University School of Medicine, 1930; age 82, died July 15, 1987. Dr. Jacobs specialized in cardiovascular diseases. •

Paul R. Kessler, West Reading; Jefferson Medical College, 1957; age 62, died August 8, 1987. Dr. Kessler was a general practitioner. •

Eugene F. LaBuz, Hazleton; Tufts University School of Medicine, 1937; age 77, died July 17, 1987. Dr. LaBuz was a general practitioner. •

William L. McKinney Jr., Reading; Temple University School of Medicine, 1944; age 67, died August 14, 1987. Dr. McKinney practiced internal medicine. •

Irvine G. Milheim, Sharon; University of Pennsylvania School of Medicine, 1928; age 84, died April 2, 1987. Dr. Milheim practiced emergency medicine. •

Russell James Pratt, Catawissa; Temple University School of Medicine, 1957; age 58, died July 18, 1987. Dr. Pratt was a family practitioner. •

Theodore B. Tihansky, Hahnemann University School of Medicine, 1942; age 70, died August 7, 1987. Dr. Tihansky practiced hypnosis. •

T. Ewing Thompson Jr., Pittsburgh; Jefferson Medical College, 1933; age 79, died August 8, 1987. Dr. Thompson was a retired general practitioner. •

Paul C. Wittman, Leola; Hahnemann University School of Medicine, 1916; age 92, died July 28, 1987. Dr. Wittman was a dermatologist. •

John A. Dattoli, Sunbury; Georgetown University School of Medicine, 1946; age 72, died July 19, 1987. Dr. Dattoli practiced emergency medicine.

Philip Kleinfield, Levittown; earned degrees at Bethany College and Kansas City College of Osteopathy; age 63, died July 8, 1987. Dr. Kleinfield was a psychiatrist.

L. Reid Laughton, Manheim; Philadelphia College of Osteopathic Medicine; age 84, died August 1, 1987. Dr. Laughton was a osteopathic physician.

Frank J. Newman, Lebanon; Philadelphia College of Osteopathic Medicine; age 48, died July 13, 1987. Dr. Newman was an admitting physician at the Lebanon VA Medical Center.

Austin T. Smith, Philadelphia; Jefferson Medical College, 1922; age 89, died May 29, 1987. Dr. Smith, an otolaryngologist, maintained a practice in Philadelphia for 40 years.

James M. Strang, Highland Park; Harvard Medical School, 1925; age 89, died June 9, 1987. Dr. Strang was a member of the medical staff of the Western Pennsylvania Hospital, Pittsburgh, for 57 years.

Wilbur H. Strickland, Philadelphia; Howard University College of Medicine, 1931; age 83, died May 3, 1987. Dr. Strickland was a practicing physician in Philadelphia for more than 50 years.

Anthony M. Unice, Bloomsburg; Hahnemann University School of Medicine, 1936; age 77, died April 24, 1987. Dr. Unice was an otolaryngologist.

Andrew Joseph Waterworth, Clearfield; age 77, died June 29, 1987. Dr. Waterworth was a surgeon.

Cyrus B. Zimmerman, Newmanstown; Jefferson Medical College, 1919; age 95, died May 22, 1987. Dr. Zimmerman was a general practitioner.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased. Send your tax-deductible memorial gift to the PMS Educational and Scientific Trust, 20 Erford Road, Lemoyne, PA 17043. All gifts will be acknowledged to the donor as well as to the family of the deceased.

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in my opinion

Satisfied patients your best marketing directors

Harry Schwartz, PhD

As far as I'm concerned, medical marketing has come of age. Let me explain. This morning when I opened my mail, I found a flyer from a prestigious medical school-affiliated teaching hospital in the nearby big city which offered to help me find a doctor when I need one. Then, when I read today's *Newsweek,* I found two full page ads from local hospitals—one ad thoughtfully placed in the front of the book and the other in the back—and each offered to do me the same favor. These three advertising efforts alone must have cost more than $10,000, perhaps much more.

Of course these are not the first medical ads I've seen. My favorite morning newspaper has been running large ads for HMOs for some time now. It must be due to some stubborn streak that I'm not yet convinced that joining an HMO will give me the best possible medical care, the widest possible choice of physicians, and the least out of pocket expense possible. Perhaps abetting my stubbornness is the fact that all the rival HMOs whose ads I read seem to be making the same claims to be the best and the brightest and the cheapest, and they can't all be telling the truth.

But the people who don't seem to be advertising are individual doctors. That isn't exactly true so I'd better qualify it. A big city specialist one of my sons saw 12 years ago—and nobody else in my family has seen since—recently has been sending us a monthly tabloid newspaper which is nominally about how to keep healthy, but is pretty transparently a bid to keep this doctor's name in our consciousness. And the local urgi-center sends us reminder postcards and buys time on a local radio station. But there's no local Dr. Jones or Dr. Smith who's wooing us to sign up for his or her services as a family physician, an internist, or even a general surgeon.

That's hardly because all our local physicians have all the patients they want. On the contrary, the owner of the local urgi-center told me that when he opened and started advertising two years ago, he quickly got about 50 calls from local doctors who asked if he wanted to hire an assistant and who indicated that if he did they were willing to start work immediately and "at very reasonable hourly rates."

I've talked with some of my doctor friends about why they don't advertise, and the replies have been diverse. Some get choleric about the idea of advertising, declaring that it is unethical for physicians to advertise. They express bitterness about the Federal Trade Commission and other agencies involved in the relatively recent turn in social policy to favor open competition, including advertising, among professionals.

Others stress the economic barriers. How can a solo physician or even a small group hope to compete in the babel of innumerable advertising voices and pay the not inconsiderable costs of advertising in the print or electronic media, I am asked? But then I point out that the urgi-center seems to be able to advertise, and so do my friendly local chiropractors, whose small but conspicuous ads are a feature of each week's issue of our local newspaper.

The most sophisticated answers I got were from some of my doctor friends who argued that all the medical advertising I see is really surrogate physician advertising. Those hospitals that want to help me find a doctor; the HMOs promising me everything but immortality if only I will sign up; even the urgi-center that promises to bind up my wounds at any hour; all of these are really forms of doctor advertising. All of them want to bring a patient and a doctor together, I was told. It is just that each ad is speaking for a different group of doctors.

On reflection I have to concede that the last answers are correct. But is that to be the primary pattern of the future? Will most people get their doctors through institutions, just as most children in the elementary grades get their teachers from the public schools they attend? Then what happens to physician autonomy if one's flow of patients depends on being in the good graces of a particular hospital, a particular HMO, or even of the owner of a particular urgi-center?

Having a group of patients who are loyal to you is a great asset whether the "you" is an individual physician or an institution. Hospital directors have long catered to physicians who could bring patients to fill hospital beds. It will be a very different relationship if the physician has to look to the hospital to provide patients. In HMOs, I'm told, patients have a specific bankable value measured in cash. Or put more clearly I'm told that people who buy and sell HMOs generally expect to pay, or to receive, $1,000 for every member. I suppose that when a physician retires and sells his practice, his payment must be calculated on some similar accounting of the number of patients turned over to the buyer.

My conclusion from all this is that physicians will be proceeding at their peril in the future if they ignore the fact that they too must somehow market their services and attract patients whose loyalty is to them rather than to some institution. How they market is of course up to them. The means of marketing are numerous. Paid advertisements are only a small part marketing. The physician who is active in his PTA, in his religious group, or in his local college alumni association is thereby making himself known to a larger group of

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Dr. Schwartz currently is writer in residence at the College of Physicians and Surgeons at Columbia University. His many articles on health-related matters have appeared in the New York Times, Wall Street Journal, New England Journal of Medicine, *and* Medical Economics. *From 1951 to 1979 he served on the editorial board of the* New York Times.

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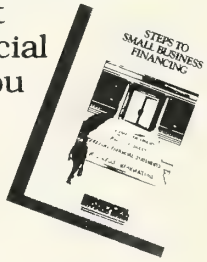

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people. Some of those people may decide to go to him for their medical care.

In my area local psychologists are assiduous in writing articles for the local press on psychological problems people suffer, with the implications that the writers can solve those problems. Only rarely do I see a similar article by a physician discussing medical problems, but such articles are obviously a good way of letting people know you exist and are available. So are appearances on local TV and radio stations. Technically these efforts at public relations are forms of marketing. Done skillfully, they can be at least as good as any paid advertising.

In the last analysis, I suspect, no form of marketing beats the word of mouth recommendation of a satisfied patient to a friend who is looking for a doctor. A physician who is doing a superb job of taking care of his present group of patients is in effect creating a volunteer group of salesmen and saleswomen whose gratitude can be the best marketing tool he could possibly have. □

Is it time for obstetrical self-insurance?

Harry G. Light, MD

There is optimism that tort reform will occur in Pennsylvania and result in control or decrease of malpractice premiums. Until this occurs, the search to define and separate certain areas from the tort system should continue. Self-insurance for the expectant mother should be explored; the obstetrician cannot guarantee a perfect baby.

The concept of insurance against loss or injury is a reality of our society. The physician buys malpractice insurance as his responsibility if substandard care leads to direct causal damage. The cost for this insurance is rising rapidly. An important area contributing to the rising cost of malpractice insurance is obstetrics; and yet, the responsible cause for the claim may not be the fault of the obstetrician. The cost for settling these claims increases the premium for malpractice insurance for all physicians in the coverage pool, and particularly those practicing obstetrics. Obstetric malpractice claims involve:

1. Substandard pre-natal care by the physician or the patient;
2. Problems with the delivery process;
3. The "bad baby."

The first two causes may clearly be the responsibility of the obstetrician. The responsibility for the bad baby is less clear. It may be the result of causes one or two, or it may be outside the obstetrician's control.

Maternal causes for the bad baby are: Prematurity, genetic problems, circulatory problems in utero, maternal illness, poor adherence to prenatal care, or no prenatal care at all. Since these are directly related to the mother, shouldn't she be insured by some form of self-insurance?

The appearance of a bad baby before a court of law has great emotional impact. The jury's initial reaction is to help the child and mother. The obstetrician and his malpractice insurance are asked to support the care of this "accident of nature" often in excessive amounts. The presiding judge goes along with these "deep-pocket decisions" despite the lingering question of responsible guilt on the part of the obstetrician. The malpractice insurance system has been strained and the rising cost for the obstetrician has forced many to leave the field. The long term socio-economic problems have been addressed by government and society with many good programs of collateral source through tax and volunteer programs. Many times information on these programs is withheld from juries, who are expected to provide for the lifetime of the bad baby.

What is the fair solution to this problem? The obstetrician is responsible for his substandard care in the prenatal and delivery process. Self-insurance should cover those problems caused by maternal factors outside of the obstetrician's control. Self-insurance would be

Dr. Light is a surgeon in Bethlehem.

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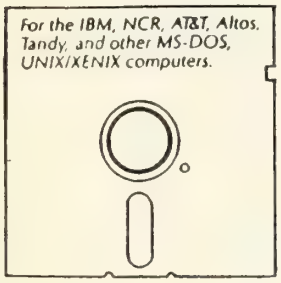

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purchased from a private company by those who can afford it. The state should purchase it for welfare and medical assistance cases. In either case, this insurance should be coordinated with collateral source programs, which are already in place. This concept would be more just and there would be better coordination and implementation of existing programs.

A review council will need to be formed. This would come under the jurisdiction of the state secretary of health. The review council members should include: obstetricians, pediatricians, social workers, and lawyers. They would screen each case presented. This group would be in a better position to decide the merit of each case than the present tort system.

If a bad baby is delivered, through no fault of the physician, the physician is especially concerned when he is expected to provide financial support for the child. For example, consider an expectant mother, who has no prenatal care, but decides to deliver her baby at the hospital. An obstetrician on-call performs an uncomplicated delivery of a bad baby. At present, the obstetrician finds himself in the responsible position for future care of the bad baby. In these instances, continued abuse of malpractice insurance by the present tort system must be stopped simply because it can no longer be afforded. Self-insurance for pregnant women in Pennsylvania is an option that should be addressed now. A maternity review council—formed by the state health secretary—would expedite the process of claims, channel them in the appropriate direction, and provide information on available supporting programs.

New innovative ideas are needed to control and solve this growing health care problem in obstetrics. With better definition of the lines of responsibility and the development of new programs, the field of obstetrics can continue to grow and produce marvelous results.□

Booby-trap!

J. Mostyn Davis, MD

We are living in what might be called the "Age of Awareness." All around us we are being bullied, cajoled, and motivated to become more aware. Being aware of subordinates' feelings, we may make the workplace more rewarding. Awareness of spouse's feeling will keep our marriages more meaningful. By being aware of our children's rights we will help them grow up to be sensitive, considerate, caring human beings. Above all, we doctors are being hounded and attacked by patients, media, and government for being uncaring, money hungry, and unaware of the needs and wishes of our patients.

I do not mean to imply by this that we should not keep a sharp eye out for the subtle verbal and nonverbal signs our patients relay to us all the time as we examine them, but I think in many ways we have gone a little too far with this awareness business! It may be that our country would be a little better off if we, as a nation, were not quite so aware and so sensitive to all of the things (most of them of the bad news variety) which have been happening to America lately. John Naisbett, in his book, "Megatrends," speaks of the "collapse of the information float," by which he means the nearly instantaneous electronic transmission of information and news—worldwide. It takes at least three days to get a letter but only milliseconds to transfer the same information electronically. Information from the other side of the world which used to take weeks or months now comes by satellite in seconds. It seems that many of the things we Americans try turn out badly for us. Think with me for a moment about Three Mile Island, Love Canal, Agent Orange, and the resurrected Los Alamos atomic tests. More recently, we have learned of the asbestos/cancer link, acid rain, our unhealthy life styles, and cyanide-contaminated consumer products. Add to this a fluctuating national economy, frequent chemical spills from rail and highway accidents, and there just does not seem to be a place we can hide anymore.

Our lives appear to be booby-trapped all around us. If we drive, we risk having drunk drivers crash into us or having our homes broken into and ransacked while we are gone. To stay home is nearly as dangerous, for most accidents happen in the home; while to stay in a hotel, even the most modern structures are not as safe as we once considered them to be. Sometimes I look in vain for good news.

What is really true, of course, is that our lives have been made far safer now than ever before. It is just that there are so many of us. For example, even if there is only one psychopathic person per million citizens in this country who would shoot the president, that means there are a total of 200 of them out there running loose! Smallpox, polio, and now measles are gone, but some crazy person frightens the entire city of New York by threatening that he will put plutonium in the water supply if his wishes are not carried out. Cars are made much safer now than they ever were before. Rigid inspection insures us of a safe product, but we have failed to prevent our inebriated citizens from making missiles out of their cars. People pressure creates such anxiety and tension in our lives that supposedly intelligent people consume "recreational drugs."

We are admonished to get up early, work hard, play hard, and relax hard—do not waste time for life is too short! We would do everything with a frenzy if we followed some recommendations. I feel we need some slow-down time as well.

Lazy-up a little, take some time off without scheduling anything for a couple of hours. Now don't say you are too busy, for I will tell you that your life is being strangled in trivia and that you're too busy *not* to do this. Stop speed-reading and slow-read a book without one medical word in it. Go for an aimless walk in an area that is not familiar to you. Look at the trees, houses, and people. I think burnout is sometimes a cover-up or a cop-out. It is often used to cover up our shortcomings or our sloppiness. Our problem is that we miss the forest for the trees. We become traumatized by trivia, immobilized by inefficiency, and paralyzed by the petty.

By taking some time alone and away from the hassle-hustle, we may begin to get our neurons straightened out again. We seem to be a people who worship frenzy. Only by refusing to allow ourselves to be drawn into this insatiable and universal trap can we avoid the booby traps all around us. □

The author is a family physician at the Geisinger Clinic in Danville and serves on the PMS Board of Trustees.

special feature

Somewhere in Pennsylvania

Naomi Bluestone, MD

Somewhere in Pennsylvania when the stars
Like blossoms just started to close
And I must have been tired the last
Long miles, I saw

Two people just like us,
But younger and doing fine, darling, doing
All the right things, walking

Ahead of me down the road. And then
One of them turned and it was you,
And I must have been tired but only a length
Of the simple road between us and so I

Hurried, I hurried not to lose you
A second time. And then the cruiser
Forced me to the shoulder, and the cop

Who has seen everything, darling, said,
"Mister, if you did
Ninety all night, in any
Direction whatsoever, you couldn't catch up."

Mary Oliver

Somewhere in Pennsylvania, my stepson Donald wandered into a flea market and brought me home some trivia. "It's an antique," he said, crushing me with the insouciance of youth. If that object was an antique then so was I, because I remembered seeing it in use in the late fifties, when I was a medical student in Pennsylvania.

Not that I remembered it all that well, and certainly I'd never had one of my own. I took a long look. It was a circular brass or copper medallion, about four inches in diameter, consisting of a green cross on a white background, with a maroon circular inset on which was incised the staff of Aesculapius and the letters M and D on either side in gold. There were lines radiating from center to periphery and beneath the inner circle was the identifying number 120175. From the medallion were dangling the necessary bolts and screws to affix it to the bumper of a physician's car. It was a very classy "don't ticket me" request.

I wondered who 120175 was, and by whom he seemed to be registered. How had his automotive caduceus found its way into Donald's pocket? Was he dead, and had the inheritor of the car removed the insignia to which he was not entitled before unloading it in the local classified ads? Or had he retired and gone to Florida, leaving the hassles of parking to those remaining in his hometown, somewhere in Pennsylvania? I decided to find out.

The next day, I took the object with me to the offices of the Medical Society of the State of New York, where I devote some time as consulting editor of the journal.

To my great delight, the librarian and secretary gathered during coffee break for some amateur sleuthing. Using a few primitive tools, we cleared the back and found inscribed, "American Medical Association, 1925, Chicago, Illinois," and confirmed that this was no store-boughten bumper decoration. A call to Chicago was placed forthwith.

Yes, we were told, the AMA initiated this registration system in 1925 in the hopes that it would spare physicians making hospital calls some unwelcome pieces of paper on their windshields, and discontinued its use in the early fifties. This probably came about when a number of states started putting the MD notification directly on license plates. We were referred to an article to answer all our questions on the subject.

A quick look through the files produced, "Queries And Minor Notes," a column in JAMA of May 9, 1925, Vol. 84, No. 19. In it was a very lengthy answer to a question asking for the reason for the new auto emblem and requesting an explanation of the design. The symbolisms were overwhelming. The knots of the rod symbolize the difficult problems of medicine. The serpent typifies wisdom. The Aesculapian symbol therefore stands for power, wisdom and health. Scarlet and gold were regarded as the particular colors of the physician's costume since the middle ages, when the king's physicians wore scarlet cloaks. The elixir of life was a red tincture, and gold symbolized the sun.

We also discovered that prior to 1910, the use of the red cross served as a general insignia of hospitals, health departments, and medical institutions. At that time the executive committee of the American National Red Cross requested them all to give up the red cross and use instead green on white, to avoid confusion. The article then went on to mention that the cross usually signified punishment and death before the Christian era. The Persians, however, used it as a symbol for the sun, and the Gauls endowed it with creative and fructifying powers.

All of this was quite interesting, telling us a bit more about the medical symbol than we cared to know. We wanted to know what happened to the old duffer who'd given it a good workout, one number 120175. "Sorry," said "deep pharynx," our Chicago source. "We never kept the records on who was assigned which number. We have no way of ever knowing who 120175 was." Our search was at an end.

Or so I thought. A peculiar book catalogue came across my desk yesterday. One of the books promised to teach the reader how to find absolutely *anybody*. It offered techniques on tracing license plates, raiding social security records, tapping into credit card computerization, and all that sort of thing. Would such a book turn up 120175? Or did it pertain only to the living? And what if 120175 didn't want to be located? What if he'd deliberately erased all traces of his existence? (Another book in the catalogue promised to teach the reader how to assume another fool-proof iden-

Dr. Bluestone is in the private practice of psychiatry in Great Neck, New York. A freelance writer, she contributes frequently to PENNSYLVANIA MEDICINE. *Besides her medical degree from the Medical College of Pennsylvania, Dr. Bluestone has a master's degree in public health. She is the author of the book "So You Want to be a Doctor," and has written and published over 150 articles on various health care topics.*

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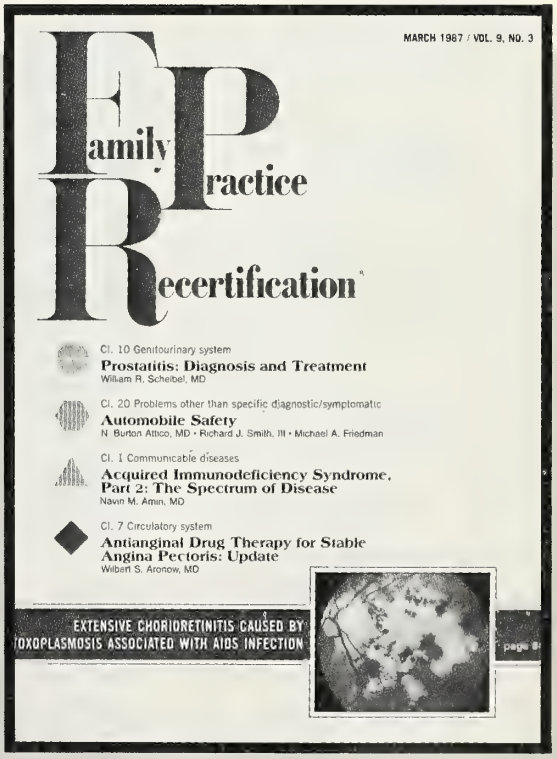

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tity, fake passport, foreign bank accounts and all.) Dr. Mengele had gone that route. What if our man was also a renegade?

I came home, medallion in my pocket, wondering even more about the identity of Dr. 120175. He must have practiced sometime between 1925 and 1955, thirty good years for medicine. He would have lived through the discovery of penicillin and the newer antibiotics, the antipsychotic and antidepressant psychotropic agents, the Salk vaccine, and a few other specific medications that altered the world's most devastating illnesses. He probably would have just missed the eradication of smallpox, and the HTLV-III virus. And the only group practice he would have known would have been H.I.P. if he ever got to New York, or Kaiser-Permanente, if he had a family out on the West Coast.

We decided that 120175 must have been a solo GP, who still made some house calls with his heavy black bag filled with small vials of basic stuff like demerol and epinephrine and atropine for cramps. And he must have had a nurse who wore starched uniforms and a little oval cap with a pin on it, underneath all those cute ruffles, that signified her graduation from the Philadelphia General Hospital School of Nursing. She was all in white, from tip to toe, and her fingernails were very short. And she kept calling him "doctor" to his patients, as in "Doctor's busy now" or "Doctor will call you back, Mrs. Jones."

His car, underneath the medallion, was a Buick. All doctors drove Buicks in the forties, and they traded them in every few years. And it was black. Doctors like 120175 were very conservative. They only drove black. And they would never have believed that some day they would put signs in the windows of their Buicks stating in English and Spanish that they carried no drugs, and please not to break in because nothing would be found that could be converted to cash.

There was no way that 120175 could have been a she, even though there was a "she" medical college somewhere in Pennsylvania. Statistically, it just didn't make sense. Our man was a "he" and the odds were good that his father had been a doctor, too. Maybe even his grandfather. In any event, he seemed a familiar figure.

I wonder why it is that Dr. 120175, who is old enough to be my father, if he is still among the living, seems so much more familiar to me than so many of the docs with whom I work today?

Despite all the changes in medicine, including its long awaited femininization, I still feel closer to that old man, dragging himself out in the middle of the night and grabbing the old bag as he ran, than to all the folks who gather for Rounds every Friday. (When 120175 made Rounds, by the way, they were real rounds, with real patients, still in their beds, beds to whom the doctors had *walked*.) I guess he felt about medicine the way *I* do . . . that its greatest reward is that glow when somebody sick appeals, is treated, feels better. There is no doubt in my mind that 120175, for all his unwitting sexism, for all his unwitting elitism, for all his paternalism and sense of entitlement, earned his way in the world to come . . . more than any one of us still sporting our MD license plates.

The older he gets, the fewer of him there are, the more I miss him, wish he were still here, wish he could mean more to people that just the retired LMD who never made it in the world of research or academia. He probably would have been no more potent than we in fighting the forces of greed, privitization, or commercialization of medical care. But he would have let 'em have it, and not gone mewling to the yuppies who determine the bottom line. He would have found a way to beat the computer. The triple superform. The attestation paper. He would have shown the same contempt for it that the Hollywood Ten showed for Senator McCarthy. Poor old duffer. Maybe he IS better off in Florida, what's left of him. This new world is alien to him. His enemy was disease. For us, that has become almost secondary.

I decided not to give up looking for 120175. It occurred to me that somewhere in Pennsylvania, someone exists who remembers him and his black Buick. If so, please come forward and tell us what has become of him. There are three women over on Lakeville Road who sure would like to say hello to our past.

Particularly this one. Something's come over me. It seems to me that I've been doing ninety all night, in every direction, and I can't catch up. And so have we all. The cruiser is after us . . . and it's not just somewhere in Pennsylvania. □

special feature

Sectarian medical periodicals of Pennsylvania

Part two—Pennsylvania Journals

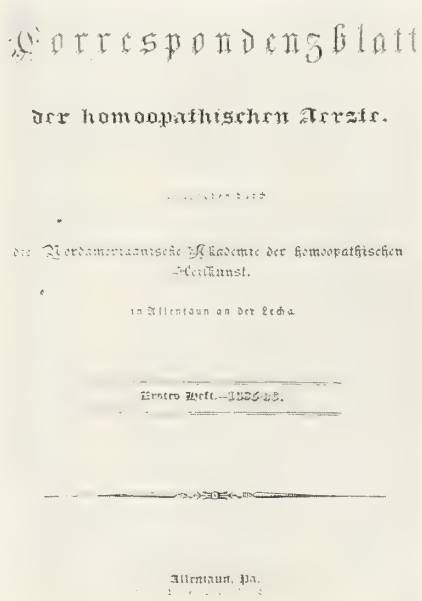
Suzanne M. Shultz

Part one of this two-part series, published in September 1987, outlined the founding and beliefs of three main sects of medical thought and practice in the mid to late nineteenth century. Thomsonian followers committed themselves to botanic remedies. Eclecticism, an outgrowth of Thomsonianism and orthodoxy, garnered only a small following. Homoeopathy, based on a more organized and scientific thought, appealed to the well-educated and well-to-do. "But none of these sects would be remembered were it not for the literature they produced." Part two tracks the often short-lived existence of 23 journals, published from 1835 to the early twentieth century.

The first sectarian medical publication to appear in Pennsylvania was the *Botanic Sentinel and Literary Gazette,* which began in Philadelphia on August 12, 1835 and continued through two volumes until August 17, 1837. The title then changed to *Philadelphia Botanic Sentinel and Thomsonian Medical Revolutionist* and continued for two volumes under that name until August 22, 1839. On September 7, 1839, the journal was again renamed, *Philadelphia Thomsonian Sentinel and Family Journal of Useful Knowledge,* and remained under this last title until it ceased on June 30, 1844, with volume eight.

Early editors could not be determined, but with volume three, Morris Mattson took up the duties. He was an editor of the *Boston Thomsonian Manual and Lady's Companion* for a period of time and was employed by Samuel Thomson to aid in the revision of the *Guide to Health.* A feud with Thomson ended the project and resulted in Mattson's publication of his own *American Vegetable Practice, or A New and Improved Guide to Health Designed for the Use of Families: In Six Parts,* in 1841.[34] A second edition followed in 1845. Mattson's book, a prodigious effort, and his disagreement with Thomson represent better reasons for him to be remembered than his editorial work on the *Sentinel.*

The second sectarian journal, *Korrespondenzblatt der Homoeopathischen Aerzte* (below) was published in Allentown. It was short-lived, beginning on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in Allentown an der Lecha.

Erstes Heft.—1835-36.

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October 22, 1835, and ending after two volumes on February 8, 1837. However, this journal is important because it was issued by the North American Academy of the Homoeopathic Healing Art, the first homoeopathic school in the world, and because it was the first sectarian journal from Pennsylvania to be published outside of the city of Philadelphia. Its editor, Constantine Hering, a German by birth, received his medical degree from the University of Wurzburg. He traveled widely, and through the urging of one of his students whom he met in South America while he was studying zoology, he settled in Philadelphia in 1833. Hering was instrumental in organizing the North American Academy, where he was president and instructor until it closed in 1842. In 1848, he helped found the Homoeopathic Medical College of Pennsylvania, where he held a series of professorships. In 1867, because of differences with the college's management, Hering resigned and began yet another school, Hahnemann Medical College of Philadelphia. Dean from 1867–1871, he also held professor emeritus status until his death in 1876. In addition to editing *Korrespondenzblatt,* Hering also edited or assisted on the editorial staff of the *American Journal of Homoeopathy, Miscellanies on Homoeopathy* (1838–1839), the *North American Homoeopathic Journal* (1851–1853), the *Homoeopathic News* (1854–1856), and the *Journal of the Homoeopathic Clinics* (1867–1871). He wrote prolifically and published several books, the greatest of which was *Guiding Symptoms,* in ten volumes. It was published posthumously.[35] Hering was an excellent physician and diagnostician, as well as a liberal homoeopath. Though he belonged

The author is the librarian at Polyclinic Medical Center, Harrisburg.

to an unorthodox school of medicine, his contributions to medical practice have left their mark even to the present day.

The next two journals must be considered together because they are the same. The *American Journal of Homoeopathy* began in August 1838 and continued until July 1839, completing one volume. In 1839, the entire volume was reissued as *Miscellanies on Homoeopathy.* As previously noted, Constantine Hering assisted with editorial work along with Charles Neidhard and a Doctor Lingen. Neidhard was born in Germany and received his early education there. He emigrated to America and began an apprentice study of medicine in the office of a Reading, Pennsylvania, physician. He matriculated at the Philadelphia Medical Institute, the Pennsylvania Hospital and the University of Pennsylvania. Suffering from illness that regular physicians could not improve, Neidhard visited Dr. William Wesselhoeft and, thus, became a student of homoeopathy. He graduated from the North American Academy of the Homoeopathic Healing Art in 1837 and later helped organize Hahnemann Medical College of Philadelphia. In 1862, he received an honorary degree from the Homoeopathic Medical College of Chicago. He was one of the original members of the American Institute of Homoeopathy. In addition to editing *American Journal of Homoeopathy,* he served as an editor of the *North American Journal of Homoeopathy* from 1862 to 1868. Neidhard's publications include *On the Efficacy of Crotalus Horridus on Yellow Fever,* and *Neidhard on Diptheria, as it Prevailed in the United States from 1860 to 1866.* He died two days short of his 86th birthday in 1895.[36]

No biographical information on Dr. Lingen was located.

The *Botanic Medical Reformer and Home Physician* began its short life in May 1840. It lasted through two volumes and ceased publication in June 1842. Thomas Cooke, the editor, began his medical career as a botanic physician but later converted to eclecticism. He believed strongly in the importance of education and became a force in the Eclectic movement in Philadelphia. Cooke helped organize the Eclectic Medical College of Pennsylvania.[20,34]

The *Eclectic Medical Review* was published in Pittsburgh, beginning in April 1847 and continuing through two volumes until October 1848. Editorial duties were performed by A. W. Ewing and J. W. Whitaker. Later Lincoln Oldshue appears as the editor. Dr. Oldshue's advertising bills accompany some of the earlier numbers.

An obituary notice for Amos W. Ewing, MD, appeared in Philadelphia's *Medical and Surgical Reporter.* He was a resident of Beaver County, Pennsylvania, and died on March 26, 1873, "in the fifty-sixth year of his age."[37]

Dr. Lincoln Oldshue was born in Ashland, Ohio, on December 8, 1820. He attended Central Medical College of New York, where he was graduated in 1839. Moving to Pittsburgh, he set up a medical practice on Seventh Street. Dr. Oldshue was of the botanic belief, spurning the use of calomel or mercury and bloodletting. His most noted literary work is a book entitled *Urinopathology: The Uroscopian System of Diagnosing Diseases, by Ocular Inspection, Chemical Analysis, and Microscopic Examination of the Urine.* He served as professor of pathology at the Eclectic Medical College of Philadelphia and was a member of the American Eclectic Medical Society of Philadelphia. Constantly engaging in chemical experiments, Oldshue was said to have refined oil in the basement of his office. Three of his eight children became physicians.[38]

The *Carlisle Journal of Homoeopathy,* edited by John K. Smith of Carlisle, apparently did not survive past the inaugural issue of October 1851. It was to have been issued monthly.

The four volumes of the *Philadelphia Journal of Homoeopathy,* dating April 1852 to March 1856, were edited by William A. Gardiner (volumes one and two), Alvan E. Small (volume three), and John F. Geary (volume four).

William A. Gardiner, the son of physician Richard Gardiner, was born in Philadelphia in 1823. He graduated from Jefferson Medical College and served on the faculty of the Homoeopathic Medical College of Philadelphia, where he held the chair in anatomy from 1848 to 1857. He also held the chair in surgery from 1860 to 1862. He was an excellent surgeon and spent the last year of his young life as a military surgeon. He died in Philadelphia on April 29, 1863.[39]

Alvan Edmund Small was born in 1811 in Maine. He was graduated from the medical department of Pennsylvania College in 1841 and served as professor of pathology and physiology from 1848 to 1856 at the Homoeopathic Medical College of Pennsylvania. He was the first dean of the Hahnemann Medical College of Chicago, holding that position from 1859 to 1865 and was professor of theory and practice of medicine at Chicago from 1859 to 1869. Small was the secretary of the American Institute of Homoeopathy from 1849 to 1850 and president of that organization in 1850. He authored the *Manual of Homoeopathic Practice* in 1854 and *Diseases of the Nervous System* in 1856. He died at the age of 75.[40]

John F. Geary was born in Ireland in 1814 and was educated in England. In 1852, he removed to Philadelphia where he was graduated from the Homoeopathic Medical College. In 1862, Dr. Geary moved to San Francisco where he practiced medicine for many years. In 1879, intending to retire, he moved to Oakland, California, but resumed the practice of medicine until he died of a heart ailment on October 3, 1883.[41]

In April of 1853, the *Philadelphia Thomsonian Medical Journal* appeared, continuing through two volumes until 1854. No information on editors was found.

The *Middle States Medical Reformer and Advocate of Innocuous Medication* is perhaps the most well-traveled of early journals. Beginning in March 1854, its four volumes have been variously listed as either originating or residing in Dover, Delaware; Milford, Delaware; Millville, Pennsylvania; and Bloomsburg, Pennsylvania. Examination of the volumes indicates that volume one probably was published in Dover, Delaware, and the remaining volumes in Millville, Pennsylvania. Although no information could be located on the lives of the editors, one editor, John Prettyman, was thought to have resided in Milford, Delaware.[24]

The *Homoeopathic News* appeared on September 23, 1854, and lasted through nine numbers to May 1856 when it ceased publication. Constantine Hering and Adolph Lippe were coeditors. Adolphus Lippe, born in Germany on May 11, 1812, was the eldest son of Count Ludwig and Countess Augusta zur Lippe. He received his early education in Berlin and then emigrated to the United States in 1839. He attended the North American Academy in Allentown and was graduated on

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July 27, 1841. Lippe set up his practice in Pottsville but his growing success and ability called him to a larger field at Carlisle. After six years of practice in the Cumberland Valley, he moved to Philadelphia where he accepted the chair in *materia medica* at the Homoeopathic College of Pennsylvania in 1863. Dr. Lippe translated many homoeopathic essays and treatises from Italian, German, and French.[42]

The *Eclectic Medical Journal of Philadelphia* was born in January 1858, changed names three times and editors twice, and died in December 1971. The first eight volumes, 1858–1865, were edited by William Paine. In addition to this journal, Paine later edited the *Medical Independent.* A graduate of Berkshire Medical College, he served on the faculty of the Eclectic Medical College of Philadelphia from 1860 to 1876. He authored *Epitome of the American Eclectic Practice of Medicine, Theory and Practice of Medicine and Pathology,* and *New School Remedies and Domestic Practice.* Paine was a member of the Royal College of Physicians and Surgeons. In his everyday practice of medicine, he is said to have offered many remedies for sale. Among these were catarrh vapor, liver renovator, leucorrhea pills, mecca oil, and elixer of populis.[24] Not only did he sell potions, but he also was accused of involvement in the diploma mill scandals of the Philadelphia University of Medicine and Surgery, sometimes referred to as Paine's Doctor Factory.[24] Wilder seems to think that Paine was a political victim and not involved in the sale of unearned medical diplomas.[20]

The last six volumes, published under the title of *Philadelphia University Journal of Medicine and Surgery,* were edited by Joseph S. Longshore and Edwin D. Buckman. Longshore was a graduate of the University of Pennsylvania and helped organize Penn Medical University where he also was on the faculty from 1853 to 1880 as professor of obstetrics and diseases of women and children. His lectures on obstetrics were illustrated by *papier maché* models detailing physiologic progression of pregnancy, mechanisms of parturition, fetal complications, labor, and obstetrical operations. Longshore was an advocate of medical education for women.[24] Buckman was also a graduate of the University of Pennsylvania and on the faculty of Penn Medical University from 1859 to 1881. A prominent physiologist of his time, he was professor of inorganic, organic, and medical chemistry and natural philosophy as well as professor of physiologic and microscopic anatomy.[24]

The *Eclectic Medical Journal of Pennsylvania* was issued in January/February 1863, continued through eighteen volumes, and ceased in June 1880. It was reissued under the title of *Journal of Progressive Medicine* about 1869 and ceased in 1885. This is the second occurrence of a reprinted title. The original *Eclectic Medical Journal of Pennsylvania* was edited by Thomas Cooke and Henry Hollembaek; later, William Paine joined the staff. Cooke and Paine were discussed earlier. Henry Hollembaek was professor of *materia medica* and therapeutics at the Eclectic Medical College of Pennsylvania from 1851–1872.[20] Later, he is said to have been involved in the diploma selling scandals.[24]

In August 1865, the longest-lived Pennsylvania sectarian periodical, *Hahnemannian Monthly,* began. It continued under this title until volume thirteen in 1878 whereupon it became known as, simply, *Hahnemannian.* Renumbering accompanied the name change and volume fourteen became volume one of the new series that lasted until 1949. The initial editors were J. H. P. Frost and Adolph Lippe. James H. P. Frost practiced medicine in Danville, Pennsylvania. Born in Bethel, Maine, on May 24, 1825, he received his college education at Amherst, graduating with distinction in 1846. In 1847, he began the study of medicine with H. N. Guernsey, MD, of Frankford, Pennsylvania. He attended the Homoeopathic Medical College of Pennsylvania and was graduated in March 1850. He returned to Bangor, Maine, to practice medicine. Unable to endure the rigors of the climate as he grew older, Frost accepted a professorship in physiology at the Homoeopathic Medical College in 1865. Here he, with some friends, founded the *Hahnemannian Monthly,* which he edited for the first three years of its existence. His health continued to fail and in March 1868, he resigned his professorship and charge of the *Hahnemannian.* He traveled and gradually regained his health, whereupon he resumed the practice of medicine in Danville. Frost was said to have been a scholar and a prolific writer, highly appreciated by the profession.[39,42]

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The *Hahnemannian* was the official journal of the Homoeopathic Society of the state of Pennsylvania. The society began to publish its *Transactions* in 1866 and ceased in 1909.

The *Journal of Homoeopathic Clinics* began in September 1867 and survived a title and editorial change before ceasing in August 1876 after nine volumes. The editors of volumes one through four, 1867–1870, for the above named title were Constantine Hering and H. Noah Martin. Henry Noah Martin was born in Albion, New York, on October 20, 1829. His early years were spent in classical studies but due to the family's changing financial circumstances, Martin became a farm laborer and clerk. Studying on his free time, he pursued a career in law. In 1849, he began his first readings in medicine. Now married with a child to support and struggling in poverty, he began to write for the *Buffalo Republic.* In 1860, he became a correspondent for the *New York World.* Then, when the Civil War broke out, he enlisted in the Army. During the winter of 1862, he returned to Buffalo, where he entered the office of Dr. R. R. Gregg to study medicine. From 1863 to 1864, he attended a course of lectures in medicine at the University of Buffalo and, throughout the following winter, attended the Homoeopathic Medical College of Pennsylvania. Martin was graduated in the spring of 1865 and returned briefly to Buffalo. In 1867, he was elected professor of physiology of the Homoeopathic Medical College of Pennsylvania. He resigned this post to become professor of obstetrics and diseases of women and children and lecturer on clinical medicine at Hahnemann Medical College of Philadelphia. In November 1867, he resigned these positions to become professor of clinical medicine and professor of practice. Dr. Martin was elected to the American Institute of Homoeopathy in 1868.[42] Martin died at Hahnemann Hospital on August 31, 1889, of "softening of the brain."[43]

Volumes five through nine, 1871–1876, were titled *American Journal of Homoeopathic Materia Medica and Record of Medical Science.* Volumes five through eight were edited by Amos Russell Thomas and volume nine by W. H. Bigler. Amos Russell Thomas was born in Watertown, New York, on October 3, 1826. He studied under a physician, Dr. Potter, in Syracuse and then entered Syracuse Medical College, graduating in 1854. He moved to Philadelphia and, after studying at Penn Medical University, became professor of anatomy there. He served as a surgeon after the Second Battle of Bull Run during the Civil War, and in 1867, was appointed professor of anatomy at Hahnemann Medical College of Philadelphia. He was also dean from 1874 until his death in 1895. In addition to editing this journal, Thomas served as associate editor of volume twelve of the *Hahnemannian Monthly.* Among his publications are *A Practical Guide for Making Post-Mortem Examinations and for the Study of Morbid Anatomy, with Directions for Embalming the Dead and for the Preservation of Specimens of Morbid Anatomy, Diseases of the Pancreas, and their Homoeopathic Treatment* (with other authors) and *A New Preparation of the Nervous System.* Thomas was president of the Homoeopathic Medical Society of Pennsylvania in 1887.[44]

William H. Bigler, the son of a Moravian minister, was born June 10, 1840. He was graduated from Moravian College and Seminary in Bethlehem, Pennsylvania, and continued his studies in

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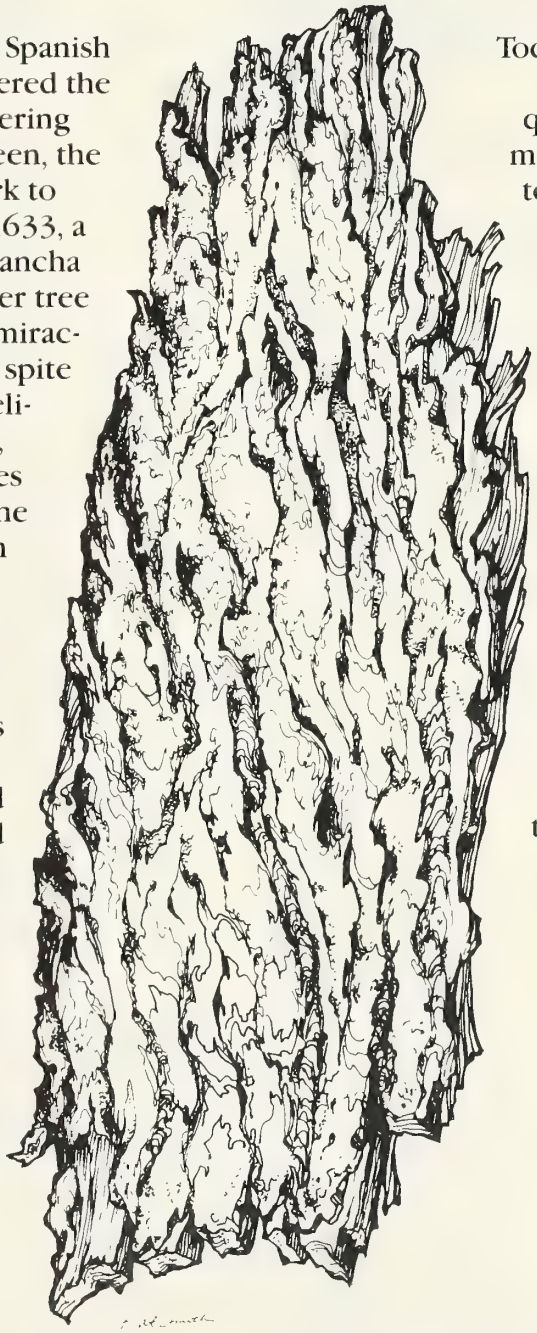

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Europe at the Universities of Berlin and Erlangen. When he returned to this country, he took a professorship at Moravian where he remained for eight years. In 1871, he completed the study of medicine and was graduated from Hahnemann Medical College of Philadelphia. He stayed at Hahnemann in the dispensary service and over his tenure there, he also lectured in ophthalmology, otology, pediatrics, and medicine. Bigler was named associate professor of physiology in 1890 and in 1891 became a full professor of that subject. He is the author of *Bigler's Syl-*

List of Journals

The journals are listed in the order in which they appeared. Thus, the earliest title by which a periodical was known is listed first. Most titles have been verified in either SERLINE and/or Union List of Serials in Libraries *of the United States and Canada.*[46] A few did not appear in these sources but were named in Bradford, Wilder, or the *American Homoeopathic Review*[18,19,20] and are included in this list.

# indicates that a title ceased publication.

1835 *Botanic Sentinel and Literary Gazette.* Philadelphia
v. 1–2. 1835–1837.
v. 3–4. 1837–1839. under the title of *Philadelphia Botanic Sentinel and Thomsonian Medical Revolutionist.*
Editor: Morris Mattson.
v. 5–8. 1839–1844#? under the title of *Philadelphia Thomsonian Sentinel and Family Journal of Useful Knowledge.*

1835 *Korrespondenzblatt der Homoeopathischen Aerzte. Archivsettel.* Allentown.
v. 1–2. 1835–1837# numbering irregular.
Editor: Constantine Hering.

1838 *American Journal of Homoeopathy.* Philadelphia.
v. 1. 1838–1839# six numbers.

1839 *Miscellanies on Homoeopathy.* Philadelphia.
v. 1. 1839# a reissue of the *American Journal of Homoeopathy.*
Editors: Constantine Hering, Charles Neidhard, and Dr. Lingen.

1840 *Botanic Medical Reformer and Home Physician.* Philadelphia.
v. 1–2. 1840–1842#
Editor: Thomas Cooke.

1847 *Eclectic Medical Review.* Pittsburgh.
v. 1–2. 1847–1848#?
Editors: A. W. Ewing and J. W. Whitaker; later L. Oldshue.

1851 *Carlisle Journal of Homoeopathy.* Carlisle.
v. 1. number 1. 1851 (October)
Editor: John K. Smith.

1852 *Philadelphia Journal of Homoeopathy.* Philadelphia.
v. 1–4. 1852–1856#
Editors: William A. Gardiner; v. 3 with Alvan E. Small;
v. 4 with J. F. Geary.

1853 *Philadelphia Thomsonian Medical Journal.* Philadelphia.
v. 1–2. 1853–1854#?

1854 *Middle States Medical Reformer and Advocate of Innocuous Medication.* Millville, PA; Dover, DE, and etc.
v. 1–4. 1854–1857#
Editors: John S. Prettyman and Palemon John.
v. 1 published in Dover; v. 2–4 in Millville.
v. 3 under the title of *Middle States Medical Reformer and Journal of Health.*

1854 *Homoeopathic News.* Philadelphia.
v. 1 irregular. 1854–1856# nine numbers.
Editors: Constantine Hering and Adolph Lippe.

1858 *Eclectic Medical Journal of Philadelphia.* Philadelphia.
v. 1–7. 1858–1864.
Editor: William Paine.
v. 8. 1865 under the title of *Eclectic and University Medical and Surgical Journal of Philadelphia.*
Editor: William Paine.
v. 9–14. 1866–1871# under the title of *Philadelphia University Journal of Medicine and Surgery.*
Editors: Joseph S. Longshore and Edwin D. Buckman.

1863 *Eclectic Medical Journal of Pennsylvania.* Philadelphia.
v. 1–18. 1863–1880#
Editors: Thomas Cooke and Henry Hollembaek; later William A. Paine.
v. 1, number 2 under the title of *Quarterly Eclectic Medical Journal of Pennsylvania.*
Editor: Henry Hollembaek.

1865 *Hahnemannian Monthly.* Philadelphia.
v. 1–13. 1865–1878; v. 14–84. 1879–1949# or v. 1, n.s.
1879–1949# new series title change in *Hahnemannian.*
Editors: J. H. P. Frost and Adolph Lippe.

1866 *Pittsburgh Medical News and Health Reporter.* Pittsburgh.
v. 1–2. 1866–1867#

1866 *Transactions.* Homoeopathic Medical Society of the State of Pennsylvania. Philadelphia.
v. 1–46. 1866–1909#

1867 *Journal of Homoeopathic Clinics.* Philadelphia.
v. 1–9. 1867–1876#
v. 1–4. 1867–1870.
Editors: Constantine Hering and H. Noah Martin.
v. 5–9. 1871–1876# or v. 1–5, n.s., 1871–1876#
new series title change to *American Journal of Homoeopathic Materia Medica and Record of Medical Science.*
Editors: Amos Russell Thomas and v. 9, W. H. Bigler associate editor.

1869 *Journal of Progressive Medicine.* Philadelphia.
1869? – 1885? a reprint of the *Eclectic Medical Journal of Pennsylvania.*
Editor: John Buchanan.

1869 *Globule.* Philadelphia.
three numbers issued#

1870 *Medical Independent.* Philadelphia.
v. 1–14. 1870–1890#
v. 4 number 4 title change to *National Independent.*
Editor: William Paine.

1871 *Boericke and Tafel's Quarterly Bulletin of Homoeopathic Literature.* New York and Philadelphia.
60 numbers. 1871–1885#

1872 *Medical Independent.* Philadelphia.
v. 1, numbers 1–9. 1872#

1873 *Paine's Journal of Domestic Medicine.* Philadelphia.
v. 1, ten numbers; 1–9, 12. 1873–1874#
Editor: William Paine.

labus of Physiology. He held memberships in the Homoeopathic Medical Society of Philadelphia, Homoeopathic Medical Society of Pennsylvania, and American Institute of Homoeopathy, and was one of the organizers of the Hahnemann College Alumni Association. In addition to his editorial work for the *American Journal of Homoeopathic Materia Medica,* Dr. Bigler served on the staff of the *Hahnemannian Monthly.* He died rather suddenly on December 10, 1904.[39,45]

Globule, issued in Philadelphia, was only three numbers in length. The existence of this title coincides with a homoeopathic hospital fair that was held to raise money to finance the construction of Hahnemann Hospital. The title, *Globule,* was suggested by "one of our physicians who thinks that the homoeopathic globule will yet completely revolutionize the medical world."

Two titles, identical in name, appeared in 1870 and 1872. Both were initiated under the banner of *Medical Independent.* The first (1870) continued through fourteen volumes until 1890 but changed title with volume four number four to *National Independent.* It is described by Wilder as most probably a supplement to the *Eclectic and University Journal of Philadelphia,* and he credits William Paine with editorial responsibility. The second (1872) title survived through only nine numbers and ceased in 1872.

Boericke and Tafel's Quarterly Bulletin of Homoeopathic Literature appeared in August 1871. Sixty numbers were issued before it closed in November 1885. The *Quarterly* provided a record of published homoeopathic books for the period.

Paine's Journal of Domestic Medicine (right) was the last Pennsylvania sectarian periodical to appear before 1880. Its inaugural issue came in April 1873 and ceased with the January/March 1874 issue. Ten numbers were published, one through nine, and twelve. William Paine was the editor.

Summary

Sectarian medical journals represent one of the few remaining vestiges of a movement that played an important part in the development and organization of modern American medicine. They furnish the rich and colorful detail of an all but forgotten era of our history and serve as a reminder that there will always be challenges to the "accepted" approach to medical practice. □

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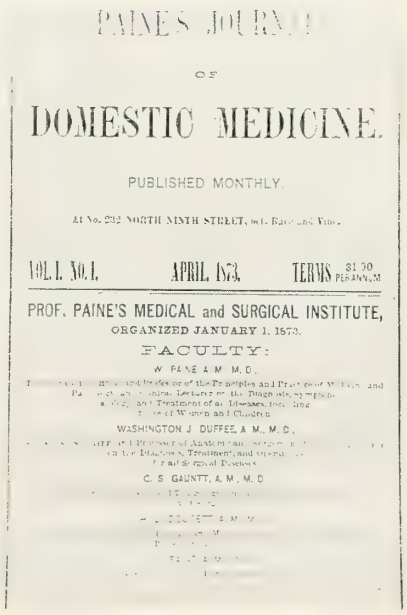
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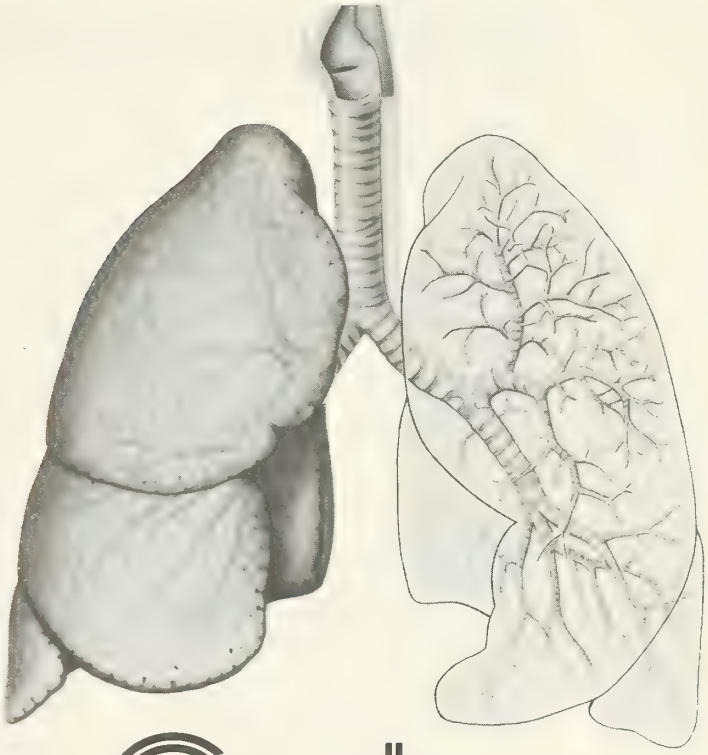

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CECLOR SHOULD BE ADMINISTERED CAUTIOUSLY TO PENICILLIN-SENSITIVE PATIENTS. PENICILLINS AND CEPHALOSPORINS SHOW PARTIAL CROSS-ALLERGENICITY. POSSIBLE REACTIONS INCLUDE ANAPHYLAXIS.

Administer cautiously to allergic patients.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
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- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
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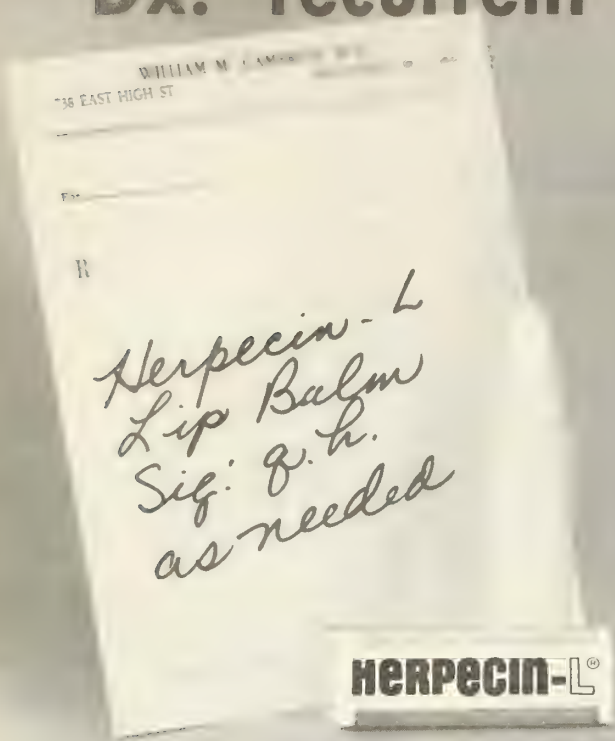

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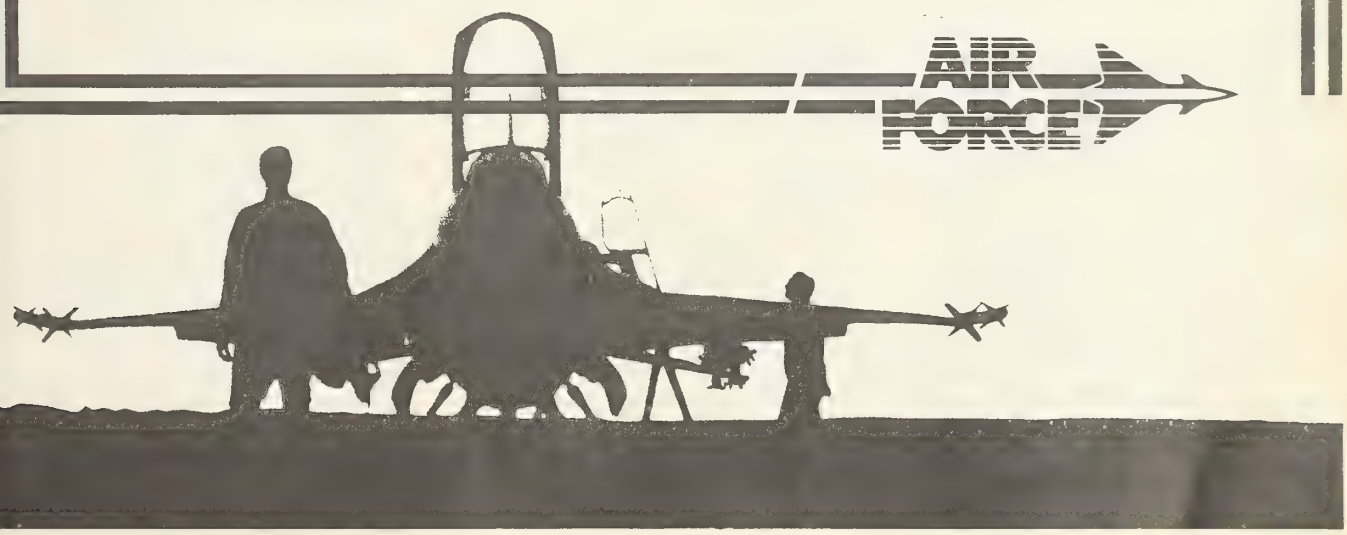

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1988 CME cruise/conferences on medicolegal issues and risk management — Caribbean, Mexico, Alaska, China/Orient, Europe, New England/Canada, trans-Panama Canal, South Pacific. Approved for 24-28 CME Cat. 1 Credits (AMA/PRA) and AAFP prescribed credits. Distinguished lecturers. Excellent group rates on finest ships. Registration limited. Pre-scheduled in compliance with IRS requirements. Information: International Conferences, 189 Lodge Ave., Huntington Station, NY; (516) 549-0869.

Donations of equipment wanted: A rural health clinic serving a poverty area in northwest PA is seeking good used medical and office equipment as a donation. The agency is a 501(c)(3) non-profit which can provide letters of receipt based on fair market value for income tax purposes. Please reply to Mr. Tom Darcangelo, Community Health Services, 916 Diamond Park, Meadville, PA 16335. Phone (814) 724-1440.

The Medical Practice Act of 1985

Part VIII—Medical doctor licensure provisions: Chapter 17 of the regulations

John H. Moyer, MD, DSc

The regulations regarding medical education and licensure that implement the Medical Practice Act of 1985 are discussed in this feature. The various types of licensure and the increased training requirements for licensure are examined in detail. As this eighth part explains, the state has made these revisions to assure that physicians are adequately trained.

A. Introduction

In a previous review of the regulations which were published in the *Pennsylvania Bulletin*, January 3, 1987, I considered provisions for licensure, certification, and registration of all health care professionals regulated by the medical board. In this review, I will consider regulatory provisions covering medical doctors, including the process of licensure, the various types of licenses which are available, and the educational requirements for physicians in Pennsylvania.[7]

B. Medical doctor license without restriction

An applicant for medical licensure without restriction must:

1. Have passed a licensing examination acceptable to the State Board of Medicine by having achieved one of the following:

a. Have obtained a score of 75 on FLEX I and a score of 75 on FLEX II as determined by the Federation of State Medical Boards; or

b. Have obtained a score of 75, obtained in an individual attempt, on the licensing examination provided by the Federation of State Medical Boards from June, 1968 to December, 1984; or

c. Have obtained a passing score as determined by the National Board of Medical Examiners on all three parts of the National Boards; or

d. Have obtained a passing score, as determined by the Medical Council of Canada, on the examination of the Medical Council of Canada taken in or after May, 1970, if the examination was taken in English; or

e. Have obtained a passing score, as determined by the licensing authority of another state, territory, or possession of the United States, *on a state board examination taken prior to December, 1973, if the examination was taken in English.*

2. Have graduated from *an accredited* medical college in the United States *or* from an *unaccredited* medical college (foreign medical school). Unaccredited medical college is defined as an institution of higher learning which provides courses in the arts and sciences of medicine and related subjects, is empowered to grant professional and academic degrees in medicine, is listed by the World Health Organization, its successors or assigns, or is otherwise recognized as a medical college by the country in which it is situated, and is not accredited by any accrediting body recognized by the State Board.

3. Have been certified by the ECFMG if the applicant is a graduate of an unaccredited medical college which includes satisfactory completion of the Foreign Medical Graduate Examination in the Medical Services (FMGEMS) or its predecessor examination which is accepted by the State Board of Medicine as being an equivalent examination.

4. Have successfully completed the following approved graduate medical training requirements:[6,7,9]

a. Two years of graduate medical training at a first and second-year level if the applicant is a graduate of an accredited medical college and did not participate in a graduate (resident) medical training program prior to June 30, 1987.

b. Three years of graduate medical training at a first, second and third-year level if the applicant is a graduate of an unaccredited medical college and did not participate in a graduate medical training program prior to June 30, 1987.

c. Only one year of graduate medical training at a first or second-year level is required if the applicant is a graduate of an accredited or unaccredited medical college and participated in an approved graduate medical *training program prior to June 30, 1987.*

5. Have satisfied the general qualifications for a license specified in §16.12 of the regulations (relating to general qualifications for licenses, certificates and registrations and previously re-

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viewed under "General Provisions of the Regulations" of this series of communications.[6,16]

6. *Minimum Medical School Curriculum Requirements for Graduates of Non-LCME Approved Medical School (Unaccredited)*—An applicant who is a graduate of an unaccredited medical college, who files an application for a license after December 31, 1988 (The application is not considered filed with the Board until it is complete in all respects) shall, in addition to satisfying the above requirements listed in section 1, have completed:

a. Four academic years totaling at least 32 months and 4,000 hours of instruction in medical curriculum. Regular attendance must be verified. No credit will be given toward this requirement for instruction obtained in other than an accredited or unaccredited medical college, except for clinical rotations assigned under the auspices of the medical college in which the applicant was enrolled while participating in the clinical rotations.[6,7]

b. Seventy-two weeks of clinical rotations in an institution which has a graduate medical training program in the clinical area for which credit is sought, or, if the institution is not within the United States, is either a part of a medical college or has a formal affiliation with a medical college, and the affiliated institution is located in the country where the medical college is chartered.[6,7]

7. *Acceptance of credentials by endorsement*—The State Board of Medicine does not license by reciprocity. However, the State Board of Medicine will continue to grant a license without restriction to an applicant who does not meet the standard license requirements enumerated above relating to license without restriction, if the applicant has achieved cumulative qualifications which are endorsed by the State Board of Medicine as being equivalent to the standard requirements for the license. Some qualifications which will be endorsed are as follows:[7]

a. *Fifth Pathway Graduation from an Unaccredited Medical College*—A person who has completed all the formal requirements for graduation from an unaccredited medical college, except an internship or social service requirements, who qualifies for and successfully completes a fifth pathway program, shall be considered as having achieved the same status as a graduate of an unaccredited medical college for the purpose of the State Board of Medicine's evaluation of the applicant's qualifications for a license without restriction. Fifth pathway programs are programs that have been established for United States citizens who attend unaccredited medical colleges and complete all the requirements for graduation from such colleges, but who would have to complete a period of social service and/or internship in the country in which the unaccredited medical college is physically located before they would qualify for a medical degree issued by the unaccredited medical college. Fifth pathway programs have been established in various states to serve as a substitute to the completion of a period of social service or internship and the resulting degree issued by the unaccredited medical college. A student who successfully completes a fifth pathway program has historically been treated, for licensure purposes, as having achieved the status of a graduate of an unaccredited medical college. The term "fifth pathway program" is not defined in the new Medical Practice Act. However, the State Board of Medicine continues to recognize the successful completion of fifth pathway programs for licensure purposes.

Author's Comment: This is not an appropriate provision in the regulations. If a student chooses to attend a medical school with such provisions prior to being given an MD degree, the intent of the institution and country of origin should not be circumvented. The deans of the medical schools in Pennsylvania have all requested the elimination of this route for licensure on the basis of endorsement.

b. *License examination*—In evaluating the qualifications of an applicant who seeks a license without restriction on the basis of endorsement, the State Board of Medicine *is not generally inclined to accept a substitute* for a passing score on a licensing examination. However, if the examination was not taken in English, but is otherwise acceptable, and a passing score was secured, the State Board of Medicine will accept the examination result if the applicant has also secured a score of 550 on the Test of English as a Foreign Language (TOEFL) or ECFMG certification.

c. *ECFMG Certification*—The ECFMG established a certification mechanism which became effective on March 25, 1958. In part, *the ECFMG certification process is designed to test whether a graduate of an unaccredited medical college has acquired sufficient medical knowledge to participate in graduate medical training in United States hospitals, and whether a person* who has graduated from an unaccredited medical college and *whose principal language is not English has mastered the English language to such an extent that he has achieved the communication skills necessary to participate in graduate medical training in United States hospitals.* The regulation states that the State Board of Medicine may endorse credentials of medical doctors, as equivalent to the ECFMG certification, who graduated from unaccredited medical colleges prior to the establishment of the ECFMG certification process and who have not received ECFMG certification but have been licensed as medical doctors prior to March 25, 1958, in this Commonwealth and in other states, territories and possessions of the United States, *and have successfully completed three years of approved graduate medical training.* Additionally, the State Board of Medicine will endorse the combination of the successful completion of a fifth pathway program and the ECFMG examination as equivalent to the ECFMG certification.

8. *Reaffirmation in the regulations of implementation dates for additional graduate training requirements in order to qualify for licensure without restriction*—Under the Medical Practice Act of 1974 and the regulations promulgated pursuant thereto, a graduate of either an accredited medical college or an unaccredited medical college was required to secure only one year of graduate medical training to qualify for a license without restriction. The Medical Practice Act of 1985[9] and the regulations pursuant thereto[7] require that for the purpose of determining if an applicant has successfully completed the graduate medical training required for eligibility to receive a license without restriction, an applicant who participated in a residency program on or before June 30, 1987 shall continue to be required to complete only one year of graduate medical training. However, a graduate of an accredited medical college who will not have participated in a residency program on or before June 30, 1987 will be required to complete two years of graduate medical training to

qualify for a license without restriction, and a graduate of an unaccredited medical college who will not have participated in a residency program on or before June 30, 1987 will be required to complete three years of graduate medical training to qualify for a license without restriction. For example, if the resident is a resident in a program as of June 29, 1987, he is subject to the one year requirement only; but if he started his residency on July 2, 1987, two years of training will be required for U.S. graduates and three years will be required for non-U.S. medical school graduates. License without restriction for graduates of unaccredited medical colleges who apply for a license after December 31, 1988 have additional requirements which include a minimum number of academic years, months and hours of instruction and a minimum number of weeks in clinical rotations.[7] Also, clerkships served in the United States will be acceptable only when successfully completed in institutions which participate in ACGME programs. The regulations establish licensing requirements not previously imposed.[7]

Author's Comment: A primary objective of these additional requirements is to ensure that an applicant for a license without restriction has completed the quality and quantity of medical education which the State Board of Medicine considers to be acceptable as precondition to licensure. Graduates of Canadian and United States medical schools are not required to demonstrate that they have satisfied these requirements, since United States medical schools are accredited by the Liaison Committee on Medical Education (LCME) and the Canadian medical schools by a similar process. The State Board of Medicine is satisfied with LCME accreditation standards and, in turn, is satisfied that graduates of LCME accredited medical schools meet minimum educational standards acceptable to the State Board of Medicine. This process of review and evaluation is not available for evaluation of foreign medical schools. Therefore, graduation from one of these schools does not ensure satisfaction of the educational standards the State Board of Medicine considers to be minimally necessary to qualify to practice medicine in the Commonwealth.

C. Temporary license[1,7]

1. A temporary license will be issued to an applicant who holds the equivalent of a license without restriction granted by the licensing authority of another state, territory or possession of the United States, *or another country,* to permit one of the following:

a. *Seminars and academic exercises including demonstration of medical and surgical techniques: The person applying for a temporary license for this purpose must be sponsored by a medical training facility licensed or authorized to do business in this Commonwealth.*

b. A temporary license issued *to permit participation in the administration of a medical or surgical procedure to a doctor attending to the medical and surgical needs of a specified patient or patients* is meant to enable persons uniquely qualified to perform a new and difficult medical or surgical procedure to administer that procedure in the Commonwealth if it is necessary for the well-being of a specified patient or patients. *The person applying for a temporary license for this purpose must be sponsored by a health care facility licensed or authorized to do business in this Commonwealth and must work in collaboration with a medical doctor holding a license without restriction in this Commonwealth.*

c. A temporary license *to permit the practice of medicine and surgery at a camp or resort* will be issued to permit such practice for no more than a three month period. The person applying for a temporary license for this purpose shall be required to provide evidence that adequate arrangements have been made for backup medical care if he is unable to continue to serve as a medical doctor for the camp or resort. This type of license replaces the temporary license formerly issued for camp physicians.

d. A temporary license will be issued to permit the administration of medical and surgical procedures to *a doctor attending to the medical and surgical needs of a person visiting the Commonwealth for a brief period of time, who is a regular treating doctor of that person and who accompanies that person during the visit.* Examples of circumstances under which a license of this nature shall be issued are when a doctor accompanies an athlete from another state or country who is competing in this Commonwealth, or when a doctor to a foreign dignitary accompanies that person during the dignitary's visit to this Commonwealth.

e. A temporary license will be issued *to a doctor who is participating in Project U.S.A.* to serve as a short-term (two to four weeks) substitute for a doctor of medicine employed by the Federal Government to provide medical services in areas where there is a critical medical manpower shortage.

f. A temporary license may be issued for a purpose other than those specified in this section, as deemed appropriate by the State Board of Medicine on a case by case basis.

2. The State Board of Medicine will impose limitations on a temporary license, with respect to scope, duration and site of practice, as it deems appropriate.

3. Temporary licensees are considered health care providers who conduct less than 50 percent of their health care business or practice within this Commonwealth for purposes of the Health Care Services Malpractice Act.[6,13]

Author's Comment: In the past, there have been frequent requests for short term approval of physicians to deliver academic and professional services, particularly in the university setting. These temporary licensure provisions are an attempt to expedite and accommodate these many and varied requests on a short-term basis. It is obvious that liability insurance coverage is a serious consideration and responsibility of any sponsoring physician or institution.

D. Institutional license[7]

An institutional license authorizes a qualified person to teach and practice medicine for a period of time specified by the State Board of Medicine, not exceeding three years, in one of the medical colleges, its affiliates, or community hospitals within this Commonwealth. An institutional license only authorizes the licensee to teach and to practice in those areas of medicine and surgery for which the licensee is evaluated by the State Board of Medicine to have achieved outstanding medical skills. *An institutional license will not be issued for the purpose of authorizing a medical doctor to train in a graduate medical training program.* To qualify for an institutional license, an applicant must satisfy the requirements listed in §16.12 of the regulations (relating to general qualifications for licenses, certificates and registrations) reviewed previously[7,16] as follows:

1. Be a graduate of an unaccredited medical college (foreign) who has attained through professional growth and teaching experience the status of teacher.

2. Have achieved outstanding medical skills in a particular area of medicine and wish to practice, demonstrate or teach in that area, but not otherwise be licensed to do so. An institutional license may be granted to authorize a qualified medical doctor to teach and practice at more than one facility, but at no more than two affiliated facilities. If a licensee desires to practice at two facilities, a document of formal affiliation between the two facilities shall be submitted to the State Board of Medicine. An institutional license may not be renewed, but, if issued for a period of less than three years, may be extended by the State Board of Medicine for the remainder of the three years.

E. Extraterritorial license[7]

This section replaces the "Across the border" section in the new regulations. An extraterritorial license authorizes a medical doctor who possesses a license to practice medicine and surgery without restriction or an equivalent license, in a state adjoining this Commonwealth, to practice medicine and surgery in this Commonwealth. An extraterritorial license shall be issued under the following circumstances:

1. The applicant shall satisfy all of the following:

a. Possess a license to practice medicine and surgery without restriction or an equivalent license in a state adjoining this Commonwealth.

b. Reside in or maintain an office of practice in the adjoining state near its boundary line with this Commonwealth and desire to extend that practice into this Commonwealth.

c. Submit evidence with the application that the applicant is in compliance with professional liability insurance responsibilities imposed by the Health Care Services Malpractice Act.[13]

d. Arrange for the licensing authority of the adjoining state to file with the State Board of Medicine a certification, issued by that licensing authority, attesting to the fact that the applicant is licensed in that state.

e. Satisfy the qualifications listed in §16.12 of the regulations (relating to general qualifications for licenses, certificates and registrations).[6,13]

2. The licensing authority of the adjoining state must reciprocate by extending the same privileges to medical doctors licensed in this Commonwealth. An extraterritorial license is automatically revoked if the licensee relocates a residence or office of practice, the location of which was relevant to the issuance of the license. If a medical doctor who holds an extraterritorial license intends to change a residence or office of practice, the location of which was relevant to the issuance of the license, the doctor must advise the State Board of Medicine, in writing, prior to doing so. If the doctor will continue to qualify for an extraterritorial license after the change in residence or office of practice, the doctor may apply for a new extraterritorial license by submitting an application provided by the State Board of Medicine and paying the required fee.

F. Graduate license for training

A graduate license authorizes the licensee to participate in a year of graduate medical training within the complex of the hospital to which the licensee is assigned, and any satellite facility or other training location utilized in the graduate training program.

To secure a graduate license, an applicant must satisfy one of the following:

1. Have graduated from an accredited medical college or an unaccredited medical college (foreign) and received a medical degree or have completed all the formal requirements for graduation from an unaccredited medical college, except an internship or social service requirement, and, under these circumstances, have successfully completed a fifth pathway program and an ECFMG certification examination.

2. Hold a license to practice medicine without restriction in the Commonwealth or an equivalent license granted by another state, territory or possession of the United States, or the Dominion of Canada.

Additional requirements for a graduate of an unapproved medical college to secure a graduate license are that the applicant must satisfy the following:

1. If the applicant is a graduate of an unaccredited medical college, he must have been *certified by the ECFMG,* and if the application for a graduate license was filed after December 31, 1988 (The application is not considered filed with the State Board of Medicine until it is complete in all respects), the medical school training must have included the following:

a. Four academic years totaling at least 32 months and 4,000 hours of instruction in medical curriculum. Regular attendance must be verified. No credit will be given towards this requirement for instruction which was obtained in other than an accredited or unaccredited medical college, except for clinical rotations assigned under the auspices of the medical college in which the applicant was enrolled while he participated in the clinical rotations.

b. Seventy-two weeks of clinical rotations in an institution which has an approved graduate medical training program in the clinical area for which credit is sought, or, if the institution is not within the United States, is either a formal part of a medical college or has a formal affiliation with the medical college and is located in the county where the medical college is chartered.

2. Satisfy the requirements listed in §16.12 of the Regulations (relating to general qualifications for licenses, certificates and registrations).

3. *Licensure Requirements for Advancement in Graduate Training*—To participate in graduate medical training at a second-year level under the authority of a graduate license, the licensee must first secure a passing score on FLEX I or Parts I and II of the National Boards, or hold a license to practice medicine without restriction in the Commonwealth or an equivalent license granted by another state, territory or possession of the United States or the Dominion of Canada. To participate in graduate medical training at a third-year level or higher, the licensee must secure a passing score on both FLEX I and FLEX II or Parts I, II and III of the National Boards or hold a license to practice medicine without restriction in the Commonwealth or an equivalent license granted by another state, territory or possession of the United States or the Dominion of Canada. A graduate of an unaccredited medical college, who does not possess all of the qualifications for the issuance of a graduate license enumerated above, but who desires to train in a hospital within this Commonwealth in an area of advanced medical training may have the unmet qualifications waived by the State Board of Medicine if the State Board of Medicine determines that the applicant possesses the technical skills and educational background to participate in such training and that the issuance of a graduate license to the applicant is beneficial to the health, safety and welfare of the people of this Commonwealth. A graduate license is only valid for a maximum of 12 consecutive months, but may be

renewed by the State Board of Medicine to permit additional training. For a graduate license to be renewed, the State Board of Medicine must receive, prior to the expiration of the previously issued license, the required renewal fee (see §16.13 of the Regulations relating to licensure, certification, examination, and registration fees)—and a completed renewal form. For the purpose of convenience to both residents and hospitals renewal forms are provided to all hospitals in this Commonwealth that offer graduate medical training programs, and *updating and submission are considered responsibilities of the institution sponsoring the training programs.*

G. Interim limited license

A person who holds a graduate license is limited to providing medical services embraced within the graduate medical training program in which he is participating unless that person also holds an interim limited license or other license issued by the State Board of Medicine, other than a graduate license.

An interim limited license empowers the license to provide medical services, other than authorized by the graduate medical training program, for a period of up to 12 consecutive months. The State Board of Medicine, in its discretion, may extend the validity of an interim limited license for a period of up to 12 additional consecutive months, but in no event shall more than one extension be granted. To qualify for an interim limited license, an applicant must satisfy all of the following:

1. Be a graduate of an accredited medical college.
2. Hold a valid graduate license.
3. Have successfully completed a year of graduate medical training.
4. Have passed an examination specified in §17.1(a)(1) of these regulations (relating to license without restriction).
5. Provide a detailed written statement of the medical services to be provided beyond the parameters of the graduate medical training program.
6. Have the written approval (attached to the application) of the director of the graduate medical training program to provide the enumerated services.
7. Present evidence of having made arrangements for professional liability insurance coverage in accordance with the Health Care Services Malpractice Act.[6,13]
8. Satisfy the qualifications listed in §16.12 of these regulations (relating to general qualifications for licenses, certificates and registrations).
9. Be evaluated by the State Board of Medicine as having received ample education and training to perform the specified medical services.

H. Special provisions regarding licenses, certificates and registrations issued prior to January 1, 1986 but which the board is no longer authorized to issue

1. Each license, certificate and registration issued prior to January 1, 1986 will continue in full force and effect for the duration of the license, certificate or registration as provided for in the now repealed Medical Practice Act of 1974 and the regulations of the State Board of Medicine in effect prior to date of publication of current Regulations.

2. Licenses and certificates which the State Board of Medicine has no authority to issue under the Act of 1985, but which were previously issued by the State Board of Medicine pursuant to authority contained in the Medical Practice Act of 1974, are:

a. Limited license (permanent).
b. Limited license (temporary).
c. Across-the-border license.
d. Temporary license to participate in graduate medical training.
e. Graduate certificate.
f. Short-term camp physician license.

Author's Comment: No new licenses or certificates will be issued in the above categories.

3. Limited licenses (permanent) already issued will be continued and are subject to biennial registration requirements specified in §16.13 of the regulations (relating to licensure, certification, examination and registration fees) and §16.15 (relating to biennial registration, inactive status and unregistered status). Persons who hold a limited license (temporary) who wish to continue the teaching and practice privileges authorized by that license after that license expires, must meet the qualifications for an institutional license or an unrestricted license.

4. An across-the-border license is identical to the extraterritorial license the State Board of Medicine is authorized to issue under the Act. All rights and responsibilities imposed by the Act, and the State Board of Medicine's regulations, as currently proposed for an extra-territorial license, apply to the holder of an across-the-border license.

5. Persons who hold either a temporary license or a graduate certificate to participate in graduate medical training, and who wish to continue participation in graduate medical training after their license or certificate expires, must meet the qualifications for a graduate license.

I. Examination information regarding transitions from Medical Practice Act of 1974 to Medical Practice Act of 1985

1. *FLEX*—This examination offered by the State Board of Medicine for a license without restriction is currently comprised of two components—FLEX I and FLEX II. Both components will continue to be given every December and June. FLEX I may be taken after graduating from a medical college but, subsequent to July 1, 1986, must be passed prior to commencing a second-year level of graduate medical training if the medical doctor has not already passed Parts I and II of the national boards or a licensing examination acceptable to the State Board of Medicine, or secured a license without restriction in the Commonwealth or an equivalent license issued by a state, territory, or possession of the United States or the Dominion of Canada. FLEX II may be taken after graduating from a medical college; but for a medical doctor to begin a third-year level of graduate medical training, he must first pass FLEX I and FLEX II or a licensing examination acceptable to the State Board of Medicine, or have secured a license without restriction in the Commonwealth or an equivalent license issued by another state, territory or possession of the United States or the Dominion of Canada. Both FLEX I and FLEX II may be taken by a student in a medical college if the student is in his last semester or a similar school term, the dean of the medical college certifies to the State Board of Medicine that the student's graduation is imminent, and the semester or similar school term will conclude shortly after the administration of FLEX I and FLEX II. *An applicant who wishes to take an examination administered by the State Board of Medicine or its agent must file with the State Board of Medicine,* or with its agent if directed by the State Board of Medicine, *at least 90 days prior to the date of the examination,* a properly completed application accompanied by the required fee.

2. *Licensing Examination of Federation from June 1968 through December 1984*—This examination is the forerun-

ner of the present FLEX. A passing score on this three-part examination satisfies the examination requirement for a license without restriction. This examination is no longer offered as a licensing examination by the State Board of Medicine. A passing score on this examination must have been achieved in an individual attempt, that is, a passing score cannot be achieved by combining scores received on separate parts of the examination obtained in more than one examination attempt.

3. *National Boards*—A passing score on this examination satisfies the examination requirement for a license without restriction.

4. *Examination of the Medical Council of Canada*—This examination offered in Canada has been adopted as a licensing examination in most of the provinces of Canada. A passing score on this examination, as determined by the Medical Council of Canada, satisfies the examination requirement for a license without restriction if the examination was taken in English on or after May, 1970.

5. *State board examination*—An examination for a license to practice medicine and surgery without restriction, other than FLEX or the forerunner of FLEX, which was used by a licensing authority in another state, territory, or possession of the United States, is acceptable if the examination was taken in English prior to December 1973. A passing score on this examination, as determined by the licensing authority in the other jurisdiction, satisfies the examination requirement for a license without restriction.

Author's Comment: As a matter of fact, this provision is inappropriate because the medical board has no capability whatsoever for evaluating equivalency of a state board examination prior to 1973, since there is no standard against which to judge, and no record nor review by the medical board of the examination that was given is now available. It would appear that, if an examination has any value for determining medical competency, the licensee applicant should meet the same standards as any other physician who has taken the FLEX examination since 1973.

This exemption was made in the regulation by the medical board out of respect for older physicians who obtained a license in another state before the FLEX examination was available and would now find it difficult to pass such an examination. This hardly seems an appropriate reason to make an exemption for such an important issue as medical licensure.

6. *Failure on FLEX I or FLEX II*

a. *Retaking Examination*—An individual who fails either FLEX I or FLEX II will be permitted to retake that component of the FLEX in this Commonwealth after the expiration of six months and within two years from the prior examination date.

b. *Repeating Year of Graduate Medical Training*—If an individual fails to secure a passing grade on FLEX I in his second attempt, he must repeat a year of graduate medical training at a first-year level before retaking FLEX I in this Commonwealth. If the individual fails to secure a passing grade on FLEX II in his second attempt, he must repeat a year of graduate medical training at a first or second-year level before retaking FLEX II in this Commonwealth.

c. *Awaiting Examination Results —Effective July 1, 1986, if an individual scheduled to go into a second-year level of graduate medical training is awaiting his FLEX I score, he may not begin training at a second-year level until he has been notified that he has passed FLEX I, but he may continue to train at a first-year level until such time.*

J. Reporting of disciplinary actions, criminal dispositions

The regulation imposes reporting responsibilities on holders of licenses, certificates and registrations issued by the State Board of Medicine *and for individuals who apply for a license, certificate and acupuncturist registration.*[5,6,7,9]

The Medical Practice Act of 1985 expands the board's disciplinary authority to sanction State Board of Medicine regulated practitioners who are convicted of a misdemeanor relating to a health profession or who receive probation without verdict, disposition in lieu of trial, or accelerated rehabilitative disposition in the disposition of felony charges, and also expands the State Board of Medicine's authority to impose sanctions when an authorization to practice is revoked, suspended or restricted by a branch of the federal government. The inclusion in the regulation of the additional reporting responsibilities is designed to enhance the board's ability to discover when practitioners regulated by it have engaged in unprofessional and immoral conduct.

K. Summary

1. The regulations implementing the Medical Practice Act of 1985 regarding medical education and licensure have been reviewed.

2. The various types of licensure are considered in detail. There is considerably more flexibility regarding special conditions for temporary licensure than existed heretofore. Allowances have been made for out of state physicians who are licensed in other states and jurisdictions to perform academic activities and deliver services on a temporary basis by special licensure provisions. It is particularly important that medical schools and institutions sponsoring education programs and special procedures in the unusual cases be familiar with the current licensure laws. For the most part, when a training license (graduate license) or a temporary license is issued, the institution sponsoring the program becomes primarily responsible for the quality of the medical care delivered by the licensee.

3. Formal training requirements for licensure have been increased. In order to qualify for an unrestricted license, the applicant must have completed two years of approved graduate medical education when he is a graduate of an American or Canadian medical school and three years of approved graduate medical school when he is a graduate of an unaccredited medical school which, in essence, includes all foreign medical graduates. This is an attempt to give the citizens of the state assurance that a licensed physician has had adequate training for delivering medical care irrespective of the origin of his training.

L. State Board of Medicine address and phone numbers

The regulations include the following information:

1. The address of the State Board of Medicine is P.O. Box 2649, Harrisburg, PA 17105-2649.

2. The telephone number of the State Board of Medicine is (717) 783-1400.

3. There is a toll free number to call to request complaint forms. That number is 800-822-2113.

References

References 1 to 15 in this manuscript appear under the References of the Medical Practice Act of 1985, Part VII entitled "General Provisions Included in the Regulations for Implementing the Act (Chapter 16)."

16. **Moyer, John H.** The Medical Practice Act of 1985; Part VII—General Provisions Included in the Regulations for Implementing the Act (Chapter 16). *Pennsylvania Medicine,* July 1987, *90*; 63-74.

See the difference in the first week[1]

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Vomiting	Nausea	Headache	Anorexia	Constipation
Reduced 90%	Reduced 86%	Reduced 72%	Reduced 62%	Reduced 60%

- **Only ⅓ the dropout rate due to side effects of amitriptyline alone, although the incidence of side effects is similar[1]**

Caution patients about the combined effects of Limbitrol with alcohol or other CNS depressants and about activities requiring complete mental alertness, such as operating machinery or driving a car. In general, limit dosage to the lowest effective amount in elderly patients.

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Write "Do not substitute."

In moderate depression and anxiety

Limbitrol®

Each tablet contains 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt) (IV)

Limbitrol® DS

Each tablet contains 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt) (IV)

References: 1. Feighner JP, *et al: Psychopharmacology 61*:217-225, Mar 22, 1979. **2.** Data on file, Hoffmann-La Roche Inc., Nutley, NJ.

Limbitrol® (IV)
Tranquilizer—Antidepressant
Before prescribing, please consult complete product information, a summary of which follows:
Indications: Relief of moderate to severe depression associated with moderate to severe anxiety.
Contraindications: Known hypersensitivity to benzodiazepines or tricyclic antidepressants. Do not use with monoamine oxidase (MAO) inhibitors or within 14 days following discontinuation of MAO inhibitors since hyperpyretic crises, severe convulsions and deaths have occurred with concomitant use; then initiate cautiously, gradually increasing dosage until optimal response is achieved. Contraindicated during acute recovery phase following myocardial infarction.
Warnings: Use with great care in patients with history of urinary retention or angle-closure glaucoma. Severe constipation may occur in patients taking tricyclic antidepressants and anticholinergic-type drugs. Closely supervise cardiovascular patients. (Arrhythmias, sinus tachycardia and prolongation of conduction time reported with use of tricyclic antidepressants, especially high doses. Myocardial infarction and stroke reported with use of this class of drugs.) Caution patients about possible combined effects with alcohol and other CNS depressants and against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving).
***Usage in Pregnancy:* Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**
Since physical and psychological dependence to chlordiazepoxide have been reported rarely, use caution in administering Limbitrol to addiction-prone individuals or those who might increase dosage, withdrawal symptoms following discontinuation of either component alone have been reported (nausea, headache and malaise for amitriptyline; symptoms [including convulsions] similar to those of barbiturate withdrawal for chlordiazepoxide)
Precautions: Use with caution in patients with a history of seizures, in hyperthyroid patients or those on thyroid medication, and in patients with impaired renal or hepatic function. Because of the possibility of suicide in depressed patients, do not permit easy access to large quantities in these patients. Periodic liver function tests and blood counts are recommended during prolonged treatment. Amitriptyline component may block action of guanethidine or similar antihypertensives. When tricyclic antidepressants are used concomitantly with cimetidine (Tagamet), clinically significant effects have been reported involving delayed elimination and increasing steady state concentrations of the tricyclic drugs. Concomitant use of Limbitrol with other psychotropic drugs has not been evaluated; sedative effects may be additive. Discontinue several days before surgery. Limit concomitant administration of ECT to essential treatment. See Warnings for precautions about pregnancy. Limbitrol should not be taken during the nursing period. Not recommended in children under 12. In the elderly and debilitated, limit to smallest effective dosage to preclude ataxia, oversedation, confusion or anticholinergic effects.
Adverse Reactions: Most frequently reported are those associated with either component alone: drowsiness, dry mouth, constipation, blurred vision, dizziness and bloating. Less frequently occurring reactions include vivid dreams, impotence, tremor, confusion and nasal congestion. Many depressive symptoms including anorexia, fatigue, weakness, restlessness and lethargy have been reported as side effects of both Limbitrol and amitriptyline. Granulocytopenia, jaundice and hepatic dysfunction have been observed rarely.
The following list includes adverse reactions not reported with Limbitrol but requiring consideration because they have been reported with one or both components or closely related drugs:
Cardiovascular: Hypotension, hypertension, tachycardia, palpitations, myocardial infarction, arrhythmias, heart block, stroke.
Psychiatric: Euphoria, apprehension, poor concentration, delusions, hallucinations, hypomania and increased or decreased libido.
Neurologic: Incoordination, ataxia, numbness, tingling and paresthesias of the extremities, extrapyramidal symptoms, syncope, changes in EEG patterns.
Anticholinergic: Disturbance of accommodation, paralytic ileus, urinary retention, dilatation of urinary tract.
Allergic: Skin rash, urticaria, photosensitization, edema of face and tongue, pruritus.
Hematologic: Bone marrow depression including agranulocytosis, eosinophilia, purpura, thrombocytopenia.
Gastrointestinal: Nausea, epigastric distress, vomiting, anorexia, stomatitis, peculiar taste, diarrhea, black tongue.
Endocrine: Testicular swelling and gynecomastia in the male, breast enlargement, galactorrhea and minor menstrual irregularities in the female, elevation and lowering of blood sugar levels, and syndrome of inappropriate ADH (antidiuretic hormone) secretion.
Other: Headache, weight gain or loss, increased perspiration, urinary frequency, mydriasis, jaundice, alopecia, parotid swelling.
Overdosage: Immediately hospitalize patient suspected of having taken an overdose. Treatment is symptomatic and supportive. I.V. administration of 1 to 3 mg physostigmine salicylate has been reported to reverse the symptoms of amitriptyline poisoning. See complete product information for manifestation and treatment.
Dosage: Individualize according to symptom severity and patient response. Reduce to smallest effective dosage when satisfactory response is obtained. Larger portion of daily dose may be taken at bedtime. Single *h.s.* dose may suffice for some patients. Lower dosages are recommended for the elderly. Limbitrol DS (double strength) Tablets, initial dosage of three or four tablets daily in divided doses, increased up to six tablets or decreased to two tablets daily as required. Limbitrol Tablets, initial dosage of three or four tablets daily in divided doses, for patients who do not tolerate higher doses.
How Supplied: *Double strength (DS) Tablets,* white, film-coated, each containing 10 mg chlordiazepoxide and 25 mg amitriptyline (as the hydrochloride salt), and *Tablets,* blue, film-coated, each containing 5 mg chlordiazepoxide and 12.5 mg amitriptyline (as the hydrochloride salt). Available in bottles of 100 and 500; Tel-E-Dose® packages of 100; Prescription Paks of 50.

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Please see summary of product information on adjacent page

Pennsylvania Medicine®

1897 Our 90th Year 1987
Volume 90, No. 11 NOVEMBER 1987

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See page 33

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brand of
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sleep that satisfies

Please see adjacent page for references and summary of product information

References: **1.** Kales J, *et al: Clin Pharmacol Ther 12*:691-697, Jul-Aug 1971. **2.** Kales A, *et al: Clin Pharmacol Ther 18*:356-363, Sep 1975. **3.** Kales A, *et al: Clin Pharmacol Ther 19*:576-583, May 1976 **4.** Kales A, *et al: Clin Pharmacol Ther 32*:781-788, Dec 1982. **5.** Frost JD Jr, DeLucchi MR: *J Am Geriatr Soc 27*:541-546, Dec 1979. **6.** Dement WC, *et al Behav Med*, pp. 25-31, Oct 1978. **7.** Kales A, Kales JD: *J Clin Psychopharmacol 3*:140-150, Apr 1983 **8.** Tennant FS, *et al*: Symposium on the Treatment of Sleep Disorders, Teleconference, Oct 16, 1984 **9.** Greenblatt DJ, Allen MD, Shader RI: *Clin Pharmacol Ther 21*:355-361, Mar 1977

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Indications: Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; in acute or chronic medical situations requiring restful sleep. Objective sleep laboratory data have shown effectiveness for at least 28 consecutive nights of administration. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended. Repeated therapy should only be undertaken with appropriate patient evaluation.
Contraindications: Known hypersensitivity to flurazepam HCl; pregnancy. Benzodiazepines may cause fetal damage when administered during pregnancy. Several studies suggest an increased risk of congenital malformations associated with benzodiazepine use during the first trimester. Warn patients of the potential risks to the fetus should the possibility of becoming pregnant exist while receiving flurazepam. Instruct patients to discontinue drug prior to becoming pregnant. Consider the possibility of pregnancy prior to instituting therapy.
Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. An additive effect may occur if alcohol is consumed the day following use for nighttime sedation. This potential may exist for several days following discontinuation. Caution against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Potential impairment of performance of such activities may occur the day following ingestion. Not recommended for use in persons under 15 years of age. Withdrawal symptoms rarely reported, abrupt discontinuation should be avoided with gradual tapering of dosage for those patients on medication for a prolonged period of time. Use caution in administering to addiction-prone individuals or those who might increase dosage.
Precautions: In elderly and debilitated patients, it is recommended that the dosage be limited to 15 mg to reduce risk of oversedation, dizziness, confusion and/or ataxia. Consider potential additive effects with other hypnotics or CNS depressants. Employ usual precautions in severely depressed patients, or in those with latent depression or suicidal tendencies, or in those with impaired renal or hepatic function.
Adverse Reactions: Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported: headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of leukopenia, granulocytopenia, sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations, and elevated SGOT, SGPT, total and direct bilirubins, and alkaline phosphatase, and paradoxical reactions, *e.g.*, excitement, stimulation and hyperactivity.
Dosage: Individualize for maximum beneficial effect. *Adults*: 30 mg usual dosage, 15 mg may suffice in some patients. *Elderly or debilitated patients*: 15 mg recommended initially until response is determined.
Supplied: Capsules containing 15 mg or 30 mg flurazepam HCl.

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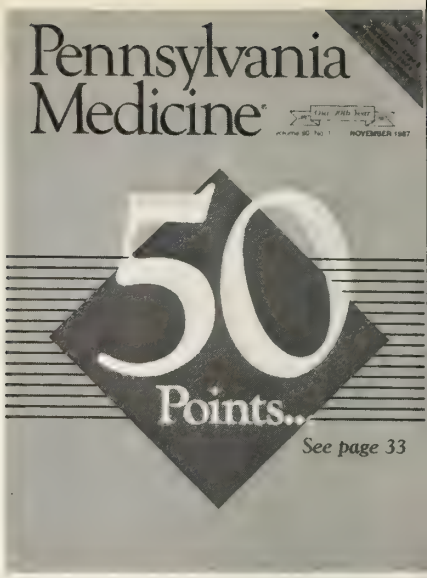

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This drug is not indicated for initial therapy of edema or hypertension. Edema or hypertension requires therapy titrated to the individual. If this combination represents the dosage so determined, its use may be more convenient in patient management. Treatment of hypertension and edema is not static, but must be reevaluated as conditions in each patient warrant.

ntraindications: Concomitant use with other potassium-aring agents such as spironolactone or amiloride. Further use anuria, progressive renal or hepatic dysfunction, hyperkalemia e-existing elevated serum potassium. Hypersensitivity to either mponent or other sulfonamide-derived drugs.

arnings: Do not use potassium supplements, dietary or herwise, unless hypokalemia develops or dietary intake of tassium is markedly impaired. If supplementary potassium is eded, potassium tablets should not be used. Hyperkalemia can cur, and has been associated with cardiac irregularities. It is ore likely in the severely ill, with urine volume less than one liter/ y, the elderly and diabetics with suspected or confirmed renal sufficiency. Periodically, serum K^+ levels should be determined. hyperkalemia develops, substitute a thiazide alone, restrict K^+ ake. **Associated widened QRS complex or arrhythmia quires prompt additional therapy.** Thiazides cross the placental rrier and appear in cord blood. Use in pregnancy requires eighing anticipated benefits against possible hazards, including al or neonatal jaundice, thrombocytopenia, other adverse actions seen in adults. Thiazides appear and triamterene may pear in breast milk. If their use is essential, the patient should op nursing. Adequate information on use in children is not ailable. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.

Precautions: The bioavailability of the hydrochlorothiazide component of 'Dyazide' is about 50% of the bioavailability of the single entity. Theoretically, a patient transferred from the single entities of triamterene and hydrochlorothiazide may show an increase in blood pressure or fluid retention. Similarly, it is also possible that the lesser hydrochlorothiazide bioavailability could lead to increased serum potassium levels. However, extensive clinical experience with 'Dyazide' suggests that these conditions have not been commonly observed in clinical practice. Angiotensin-converting enzyme (ACE) inhibitors can elevate serum potassium; use with caution with 'Dyazide'. Do periodic serum electrolyte determinations (particularly important in patients vomiting excessively or receiving parenteral fluids, and during concurrent use with amphotericin B or corticosteroids or corticotropin(ACTH)). Periodic BUN and serum creatinine determinations should be made, especially in the elderly, diabetics or those with suspected or confirmed renal insufficiency. Cumulative effects of the drug may develop in patients with impaired renal function. Thiazides should be used with caution in patients with impaired hepatic function. They can precipitate coma in patients with severe liver disease. Observe regularly for possible blood dyscrasias, liver damage, other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving triamterene, and leukopenia, thrombocytopenia, agranulocytosis and aplastic and hemolytic anemia have been reported with thiazides. Thiazides may cause manifestation of latent diabetes mellitus. The effects of oral anticoagulants may be decreased when used concurrently with hydrochlorothiazide; dosage adjustments may be necessary. Clinically insignificant reductions in arterial responsiveness to norepinephrine have been reported. Thiazides have also been shown to increase the paralyzing effect of nondepolarizing muscle relaxants such as tubocurarine. Triamterene is a weak folic acid antagonist. Do periodic blood studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in post-sympathectomy patients. Use cautiously in surgical patients. Triamterene has been found in renal stones in association with the other usual calculus components. Therefore, 'Dyazide' should be used with caution in patients with histories of stone formation. A few occurrences of acute renal failure have been reported in patients on 'Dyazide' when treated with indomethacin. Therefore, caution is advised in administering nonsteroidal anti-inflammatory agents with 'Dyazide'. The following may occur: transient elevated BUN or creatinine or both hyperglycemia and glycosuria (diabetic insulin requirements may be altered), hyperuricemia and gout, digitalis intoxication (in hypokalemia), decreasing alkali reserve with possible metabolic acidosis. 'Dyazide' interferes with fluorescent measurement of quinidine. Hypokalemia is uncommon with 'Dyazide', but should it develop, corrective measures should be taken such as potassium supplementation or increased dietary intake of potassium-rich foods. Corrective measures should be instituted cautiously and serum potassium levels determined. Discontinue corrective measures and 'Dyazide' should laboratory values reveal elevated serum potassium. Chloride deficit may occur as well as dilutional hyponatremia. Concurrent use with chlorpropamide may increase the risk of severe hyponatremia. Serum PBI levels may decrease without signs of thyroid disturbance. Calcium excretion is decreased by thiazides. 'Dyazide' should be withdrawn before conducting tests for parathyroid function. Thiazides may add to or potentiate the action of other antihypertensive drugs. Diuretics reduce renal clearance of lithium and increase the risk of lithium toxicity.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.

Supplied: 'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak!™ unit-of-use bottles of 100.

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PMS POLICY ON AIDS ANNOUNCED TO PRESS

A 21-point policy on acquired immunodeficiency syndrome (AIDS) adopte October 25 by the PMS House of Delegates was announced publicly at a pre conference October 27. The 21 guidelines address patient care, education, testin counseling, confidentiality, and public policy. The policy does not call for ma datory testing except for organ, blood, and semen donors, but voluntary testin is recommended. Gerald L. Andriole, MD, PMS president elect and chairman the Task Force on AIDS, presented the policy to the media. Also participating i the press conference were Secretary of Health N. Mark Richards, MD, and Robe C. Aber, MD, president of the Pennsylvania Society of Infectious Diseases.

PMS HOUSE ELECTS OFFICERS OCTOBER 25

Donald E. Harrop, MD, of Phoenixville, was installed as the 138th president of th Pennsylvania Medical Society during the Annual Business Meeting October 23-2 in Hershey. Gerald L. Andriole, MD, Hazleton, moved from the vice presidenc to president elect. Former Board Chairman J. Joseph Danyo, MD, York, was electe vice president. Newly elected to the Board of Trustees were: John W. Lawrenc MD, Second District; Frederick G. Brown, MD, Fourth District; Herbert C. Perlma MD, Fifth District; and Ferdinand L. Soisson Jr., MD, Eleventh District. Reelecte to the Board was Resident Section Trustee Jeannine R. Hahn, MD, of King of Prussi James A. Raub, MD, Sewickley, and Jonathan E. Rhoads Jr., MD, York, were reelecte speaker and vice speaker of the House. Both were uncontested. At its reorganiz tional meeting, the Board of Trustees elected Robert N. Moyers, MD, Meadvill chairman; John H. Hobart, MD, Easton, vice chairman; and David L. Miller, MI New Bethlehem, secretary. Full election results will appear in the December issu

CAT FUND SURCHARGE DROPS TO 70% FOR 1988

Under the Health Care Services Malpractice Act (Act 111), the Medical Professiona Liability Catastrophe Loss Fund (CAT Fund) has filed for a 70 percent surcharg effective January 1988. The surcharge for 1987 was 87 percent. If approved, th filing is expected to generate $142.3 million in contributions to the Fund in 198 The surcharge will be applied to all policies and self-insurance plans subject t Act 111 written or renewed on or after January 1, 1988. CAT Fund payout this yea totalled $136,106,829, down $18,000 from $136,124,129 in 1986. The numbers of healt care provider defendants also dropped from 460 in 1986 to 421 in 1987. Copie of the filing are available for public inspection at the Insurance Department's office in Harrisburg, Philadelphia, Pittsburgh, and Erie.

INSURANCE COMPANIES HIKE MEDICAL LIABILITY RATES

St. Paul Fire & Marine Insurance Company and Medical Protective Compan recently filed for rate increases for physicians' and surgeons' professional liabilit insurance. St. Paul's request for a 20.5 percent increase has been approved by th Insurance Department. Effective January 1, 1988, the hike will amount to $3 millio annually. Medical Protective's request for a 24.2 percent increase is pendin approval.

TORT REFORM BILLS SENT TO JUDICIARY COMMITTEE

Seven bipartisan tort reform bills were introduced to the Pennsylvania Genera Assembly October 13. They were referred to the House Judiciary Committee. A list of the bills and their primary sponsors follows:

- HB-1828 — Kenneth Brandt (Lancaster): discourages frivolous lawsuits;
- HB-1829 — David Heckler (Bucks): allows for the availability of collateral source of payment to be admitted as evidence;
- HB-1830 — J. Scot Chadwick (Bradford): prevents a defendant with a very smal portion of the fault from becoming liable for 100 percent of non-economic damages (joint and several liability);
- HB-1831 — Samuel Morris (Chester): requires that punitive damages be prove by clear and convincing evidence;
- HB-1832 — Samuel Morris (Chester): prevents windfalls to plaintiffs resulting from the immediate award of damages for future lost earnings;
- HB-1833 — Kenneth Brandt (Lancaster): specifically addresses product liability (such as definition of strict liability, seller exemption, etc.);
- HB-1834 — J. Scot Chadwick (Bradford): includes same tort reform language contained in bills 1828 to 1832, and specifically addresses medical liability.

The bills are supported by the Pennsylvania Civil Justice Coalition, a body representing more than 100 statewide organizations including small businesses, local government, professionals, and nonprofit institutions.

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editorial

The importance of PMS membership

Most of the early voluntary associations that later became our state medical societies were formed because physicians in the same area shared similar problems. The most common problem of early (pre-Civil War) physicians was the self regulation of medical practice or the separation of the irregular practitioners from the orthodox. Physicians also associated to improve communications among themselves and to set standards. Early attempts at self-improvement included professional etiquette, higher educational goals, support of public hospitals, temperance, and publication of medical journals.

Over the last nearly 150 years, the Pennsylvania Medical Society has developed into a strong voice for the physicians of our state. We have achieved many of our goals because of our unity. The goals that we set for ourselves and our patients cannot be attained unless we continue to have a strong organization—in number of members, in attendance at meetings, committees, conferences, and conventions.

Daily, economic, political, social, and legal issues clamor for our attention and demand time from our already busy schedules. Now, more than ever before, the medical profession needs unity of voice and purpose, which our State Society can provide. No other single organization in Pennsylvania can assert that it speaks for the physicians of the state except the Pennsylvania Medical Society. No other medical organization in Pennsylvania represents enough physicians to speak with authority on standards and issues of importance to the medical profession.

It must be acknowledged that medicine has become increasingly specialized over the last decade. Today is the era of super-specialization. Thus, it should come as no surprise that the trend has been for physicians to join specialty societies and organizations—as well they should. But none of these specialty groups represents Pennsylvania physicians as a whole.

Membership in the Pennsylvania Medical Society has much to offer. PMS is the voice of medicine in the Capitol. Of primary importance is its representation of physicians in the malpractice crisis and continued work toward liability reform. Recently cost containment has become a prominent issue. While PMS supports such efforts, it opposes cost containment at the expense of new technology and quality care. PMS actively works to educate the people of Pennsylvania about changes in the health system, the problems facing medicine, public health concerns and hazards and the impact these changes will have on the public.

There are individual benefits for joining the medical society as well. PMSLIC, the Pennsylvania Medical Society Liability Insurance Company, offers malpractice insurance coverage to members. PENNSYLVANIA MEDICINE provides the latest information on matters of vital interest to Pennsylvania physicians and includes feature articles on a wide variety of topics. The Society also sponsors practice management courses designed to improve the individual physician's management skills. PMS operates a placement service to assist physicians seeking practice opportunities in Pennsylvania. A credit union and various group insurance plans are offered to member physicians.

Individual physicians cannot hope to accomplish alone what they can together. The Pennsylvania Medical Society is our voice to the legislature, the courts, and the people. Our support and active participation are vital. For those who might be reading PENNSYLVANIA MEDICINE for the first time and who are not yet members but are eligible for membership, we urge you to join the Pennsylvania Medical Society and your local county medical society—enhance your professional life and growth.

David A. Smith, MD
Medical Editor

Membership in PMS is the focus of this issue, and increasing membership should be a matter for the special attention of every physician. Don't miss the related articles on this subject elsewhere in the issue.

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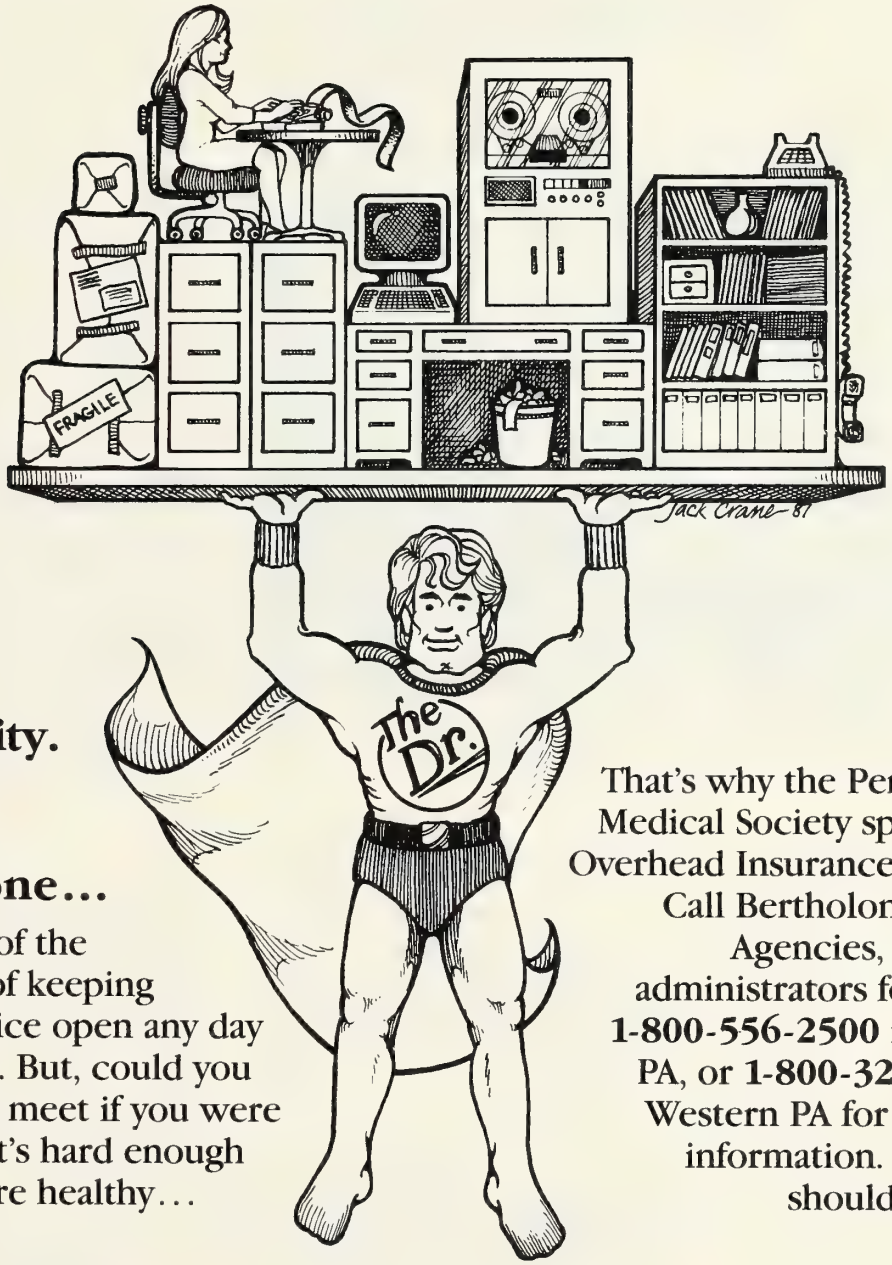

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newsfronts

PMS moves forward with construction plans

In September PMS entered into an agreement for the purchase of a twelve-acre building lot in the greater Harrisburg area as the site for a new and larger headquarters. If plans proceed as scheduled, the building will be ready for occupancy in June 1989. Final purchase of the lot is pending correction of municipal sewage complications. If the problem is not solved by December 31, 1987, the Society has the option of withdrawing from the agreement of sale. A 90-day extension of the December 31 deadline is written into the agreement.

Bogar, Bink & Kuntz's model of the planned Society's new building, which will house PMS, PMSLIC, and KePRO. Construction is scheduled to begin in March 1988 and the offices are expected to be ready for occupation in June 1989.

Designed by the architectural firm of Bogar, Bink & Kuntz, the building will house Pennsylvania Medical Society offices as well as the Pennsylvania Medical Society Liability Insurance Company and the Keystone Peer Review Organization, both PMS subsidiaries. The five-story building will overlook East Park Drive and be located across from the Sheraton East Hotel.

Over the next four months, bid specifications will be sent to contractors, and in March 1988 construction is slated to begin.

Members of the Building Committee appointed last spring by J. Joseph Danyo, MD, chairman of the Board of Trustees, include: Chairman John Helwig Jr., MD, David L. Miller, MD, Jonathan E. Rhoads Jr., MD, Gerald L. Andriole, MD, Robert L. Lasher, MD, Walter M. Greissinger, MD, Henry H. Fetterman, MD, and PMSLIC representative David S. Masland, MD.

PMS sponsors health care cost containment seminars

To help physicians understand the ramifications of Pennsylvania's cost containment law, PMS is sponsoring free regional seminars throughout November and December.

Speakers at the seminars will discuss the introduction of Act 89 of 1986 and PMS's position toward it, the impact the law will have on hospital medical staffs and staff members' need to be involved in the development of data collection methods, the current activities of the Health Care Cost Containment Council, and the concept of MedisGroups.

Each seminar runs from 3 p.m. to 6 p.m. on either a Wednesday or a Thursday afternoon. The dates and locations for the remaining seminars are as follows: November 11 in Pittsburgh at the Royce; November 12 in Altoona at the Sheraton; November 18 in Wilkes-Barre at the Quality Inn; November 19 in Harrisburg at the Penn Harris; December 2 in Valley Forge at the Sheraton; and December 17 in the Lehigh Valley at the George Washington Motor Lodge.

The sessions will open with the videotape, "Private Practice, Public Knowledge: How You Will Be Affected by Health Care Data Collection." Then, Drs. R. Robert Tyson, PMS past president, and Donald E. Harrop, PMS president, will explain the history of Act 89. They will discuss the business community's demand for cost containment, the early proposals for regulation, PMS's support of Act 89 as an alternative to regulation, and PMS's insistence on including quality measurement data in the required statistics.

Next, Drs. Lee H. McCormick, PMS trustee, and James G. Pitcavage, a member of the Society's Commission on Health Care Cost Containment, will speak on the impact Act 89 will have on hospital medical staffs and on what staffs should do in response.

There also will be a panel discussion on the intricacies of data collection. A representative from the Health Care Cost Containment Council will discuss Council activities to date, plans and a timetable for data collection, and Medis Groups, the illness severity system that was chosen. A representative from MediQual, Inc. will discuss how MedisGroups works and how the collected data may be used. A hospital representative will discuss what hospital staffs should be doing to prepare for the new system.

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Philadelphia's teaching hospitals boost economy

Philadelphia's 17 teaching hospitals contribute over $1.4 billion to the metropolitan area's economy and attract $299 million in research grants, according to a report released last month by the Commonwealth Fund's Task Force on Academic Health Centers.

This is part of more than $45 billion that academic health centers, which are comprised of a medical school and affiliated teaching hospitals, annually contribute to local economies nationwide. In addition, the centers attract billions of dollars more in local revenues through spending by out-of-town patients and students.

"The widely held perception that our health care system is an excessive consumer of resources must be tempered by these very tangible contributions to local economies," said Robert M. Heyssel, MD, president of Johns Hopkins Health System and chairman of the Commonwealth Fund Task Force.

The 48-page report, "Contributing to the Community," documents the economic impact of 30 medical schools in nine cities, and provides new data on expenditures, employment, research income, and the variety of neighborhood economic development activities supported by the centers. The nine cities are Baltimore, Boston, Chicago, Denver, Houston, Los Angeles, New York, Philadelphia and St. Louis. Academic health centers in these cities educate 29 percent of the 67,000 medical students and account for 34 percent of the medical residents in the United States.

According to the report, expenditures of these major teaching and research hospitals accounted for close to half of all hospital expenditures in these cities in 1984—$12.5 billion versus $25.5 billion. The proportions range from 78 percent in New York City, where there is a large concentration of academic health centers, to just under 20 percent in Denver. In addition to direct expenditures, the centers' biomedical research activities channeled another $2.3 billion into these communities.

Academic health centers are also major employers of local labor in each of the nine cities studied. According to the report, there were nearly 1.3 million private sector health care jobs in these cities in 1984, and the annual rate of increase for jobs in this sector surpassed total private job growth in the period 1976–1984. Many of these new jobs went to Blacks and Hispanics. In five of the nine cities studied, health care employment accounted for a large share of minority jobs—15.7% in Boston, 14% in St. Louis, 12.8% in New York City, and 12.6% and 12.5% in Baltimore and Philadelphia respectively.

Services to out-of-state patients and education for out-of-state students added a minimum of $1 billion to each of the economies of eight of the nine communities in the survey. In a few cities, such "export income" was substantially more. New York posted more than $4 billion in "export income" in 1984. In Boston the figure was $3.5 billion, and in Philadelphia $2.6 billion. According to the study, this influx of new revenue has a multiplier effect that enlarges urban income many fold.

The report also examines the diversity of relationships that have been formed between academic health centers and community economic development organizations and service agencies. Many of the centers are located in inner-city neighborhoods. The report uses eight case studies to document the causes of community conflicts between the centers and neighborhood groups and to describe the building blocks of successful partnerships.

The report is the fourth in a series, published by the task force, aimed at informing the public about emerging trends and public policy issues in the health care field. The first three reports, published in a single volume with the title "Prescription for Change," covered graduate medical education in the United States, health care for the poor and uninsured, and the future financing of teaching hospitals. All reports are available from The Commonwealth Fund, 1 East 75th Street, New York, New York, 10021.

Table 1
Magnitude of Health Care in Economies of Nine Metropolitan Areas 1984

Metropolitan Area	Total Health Expenditures (Millions of $)	Gross Product (Millions of $)	Health Expenditures as % of Gross Product
Baltimore	$ 3,278	$ 36,001	9.1%
Boston	7,494	60,423	12.4
Chicago	9,924	106,816	9.3
Denver	2,592	34,205	7.6
Houston	5,097	55,620	9.1
Los Angeles	15,157	140,470	10.8
New York City	16,225	144,300	11.2
Philadelphia	7,367	73,137	10.1
St. Louis	4,019	39,064	10.3
United States	387,400	3,663,000	10.6%

Hospital ethics program to be developed

The William Penn Foundation has awarded the College of Physicians of Philadelphia a $293,034 three-year grant for the development of a model regional program for hospital ethics committees in cooperation with the Hastings Center of New York.

The program will have two purposes. The first will be to develop a full and sophisticated regional network in the Delaware Valley that will develop, assist, monitor, and improve the work of the ethics committees in the area hospitals. The second purpose will be to develop strategies, materials, and programs with national applications. No other program of this kind exists in any part of the country.

Regional and national advisory committees will be formed to write policy statements and guidelines for ethics committees, produce teaching and educational materials, and address procedural matters facing the committees.

PMS

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PAMD 987

Physicans subsidize indigent care

Walter M. Greissinger, MD, of Pittsburgh, gave a testimony on indigent care on behalf of PMS to the Pennsylvania Health Care Cost Containment Council on October 9 in Pittsburgh. He said that it is unfair for physicians to have to subsidize health care for the poor.

In 1986, physicians were paid 22 percent less than the charges they reported to Medicare, saving Pennsylvanians $304 million. Moreover, most—88 percent—of all Medicare claims from Pennsylvania physicians were submitted on an assigned basis in 1986. This means that the doctor agreed to accept as full payment whatever Medicare paid.

"The record of Pennsylvania physicians giving or discounting their services is quite remarkable," said Dr. Greissinger.

Since 1980, the Medicare program has changed considerably. In 1980, Medicaid reimbursement was only 19 percent of physician's average billed charges. Some specialties, such as anesthesiology, got no pay; others were as low as 12 percent. In the nation, Pennsylvania physicians were number 50 in terms of actual reimbursement for physicians' services.

Beginning in 1982, Medicare fees were increased, the claim form was simplified, and claims processing was computerized.

In 1983, the medical/surgical fee schedule was extensively revised. Reimbursement was also increased to about 40 percent of physician's average billed charges.

By 1985, the fee schedule had climbed to approximately 50 percent of physician's average billed charges. The office fee, which was $6 in 1980, is now $13.

Next year, the legislature will raise the office fee to $18 beginning April 1.

The results of these improvements are an 18 percent increase in total physician claims; a 68 percent increase in claims from PMS members; a 10 percent increase in the number of physicians filing claims for the first time; and a 3 percent increase in the total number of participants in the program. As of December 31, 1986, 71 percent of PMS members participated in the program.

Even with the increased fees, Pennsylvania physicians are still saving the state money—anywhere from $4.50 to $21 per visit. The savings depend on the medical problem and the kind of clinic or hospital emergency room the patient would otherwise visit.

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CONTRAINDICATIONS

CARDIZEM is contraindicated in (1) patients with sick sinus syndrome except in the presence of a functioning ventricular pacemaker, (2) patients with second- or third-degree AV block except in the presence of a functioning ventricular pacemaker, and (3) patients with hypotension (less than 90 mm Hg systolic)

WARNINGS

1. **Cardiac Conduction.** CARDIZEM prolongs AV node refractory periods without significantly prolonging sinus node recovery time, except in patients with sick sinus syndrome. This effect may rarely result in abnormally slow heart rates (particularly in patients with sick sinus syndrome) or second- or third-degree AV block (six of 1,243 patients for 0.48%). Concomitant use of diltiazem with beta-blockers or digitalis may result in additive effects on cardiac conduction. A patient with Prinzmetal's angina developed periods of asystole (2 to 5 seconds) after a single dose of 60 mg of diltiazem
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   Experience with the use of CARDIZEM alone or in combination with beta-blockers in patients with impaired ventricular function is very limited. Caution should be exercised when using the drug in such patients
3. **Hypotension.** Decreases in blood pressure associated with CARDIZEM therapy may occasionally result in symptomatic hypotension
4. **Acute Hepatic Injury.** In rare instances, significant elevations in enzymes such as alkaline phosphatase, CPK, LDH, SGOT, SGPT, and other symptoms consistent with acute hepatic injury have been noted These reactions have been reversible upon discontinuation of drug therapy. The relationship to CARDIZEM is uncertain in most cases, but probable in some. (See PRECAUTIONS.)

PRECAUTIONS

General. CARDIZEM (diltiazem hydrochloride) is extensively metabolized by the liver and excreted by the kidneys and in bile. As with any new drug given over prolonged periods, laboratory parameters should be monitored at regular intervals. The drug should be used with caution in patients with impaired renal or hepatic function. In subacute and chronic dog and rat studies designed to produce toxicity, high doses of diltiazem were associated with hepatic damage. In special subacute hepatic studies, oral doses of 125 mg/kg and higher in rats were associated with histological changes in the liver which were reversible when the drug was discontinued. In dogs, doses of 20 mg/kg were also associated with hepatic changes; however, these changes were reversible with continued dosing

Drug Interaction. Pharmacologic studies indicate that there may be additive effects in prolonging AV conduction when using beta-blockers or digitalis concomitantly with CARDIZEM (See WARNINGS.)

Controlled and uncontrolled domestic studies suggest that concomitant use of CARDIZEM and beta-blockers or digitalis is usually well tolerated. Available data are not sufficient, however, to predict the effects of concomitant treatment, particularly in patients with left ventricular dysfunction or cardiac conduction abnormalities. In healthy volunteers, diltiazem has been shown to increase serum digoxin levels up to 20%.

Carcinogenesis, Mutagenesis, Impairment of Fertility. A 24-month study in rats and a 21-month study in mice showed no evidence of carcinogenicity. There was also no mutagenic response in in vitro bacterial tests. No intrinsic effect on fertility was observed in rats

Pregnancy. Category C. Reproduction studies have been conducted in mice, rats, and rabbits. Administration of doses ranging from five to ten times greater (on a mg/kg basis) than the daily recommended therapeutic dose has resulted in embryo and fetal lethality. These doses, in some studies, have been reported to cause skeletal abnormalities. In the perinatal/postnatal studies, there was some reduction in early individual pup weights and survival rates. There was an increased incidence of stillbirths at doses of 20 times the human dose or greater

There are no well-controlled studies in pregnant women; therefore, use CARDIZEM in pregnant women only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers. Diltiazem is excreted in human milk One report suggests that concentrations in breast milk may approximate serum levels. If use of CARDIZEM is deemed essential, an alternative method of infant feeding should be instituted

Pediatric Use. Safety and effectiveness in children have not been established

ADVERSE REACTIONS

Serious adverse reactions have been rare in studies carried out to date, but it should be recognized that patients with impaired ventricular function and cardiac conduction abnormalities have usually been excluded

In domestic placebo-controlled trials, the incidence of adverse reactions reported during CARDIZEM therapy was not greater than that reported during placebo therapy

The following represent occurrences observed in clinical studies which can be at least reasonably associated with the pharmacology of calcium influx inhibition. In many cases, the relationship to CARDIZEM has not been established. The most common occurrences as well as their frequency of presentation are: edema (2.4%), headache (2.1%), nausea (1.9%), dizziness (1.5%), rash (1.3%), asthenia (1.2%). In addition, the following events were reported infrequently (less than 1%).

Cardiovascular:	Angina, arrhythmia, AV block (first degree), AV block (second or third degree — see conduction warning), bradycardia, congestive heart failure, flushing, hypotension, palpitations, syncope.
Nervous System:	Amnesia, gait abnormality, hallucinations, insomnia, nervousness, paresthesia, personality change, somnolence, tinnitus, tremor
Gastrointestinal:	Anorexia, constipation, diarrhea, dysgeusia, dyspepsia, mild elevations of alkaline phosphatase, SGOT, SGPT, and LDH (see hepatic warnings), vomiting, weight increase
Dermatologic:	Petechiae, pruritus, photosensitivity, urticaria
Other:	Amblyopia, dyspnea, epistaxis, eye irritation, hyperglycemia, nasal congestion, nocturia, osteoarticular pain, polyuria, sexual difficulties.

The following postmarketing events have been reported infrequently in patients receiving CARDIZEM: alopecia, gingival hyperplasia, erythema multiforme, and leukopenia. However, a definitive cause and effect between these events and CARDIZEM therapy is yet to be established.

Issued 9/86

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References: 1. Schroeder JS: Mod Med 1982,50(Sept):94-116. **2.** Cohn PF, Braunwald E: Chronic ischemic heart disease, in Braunwald E (ed): Heart Disease: A Textbook of Cardiovascular Medicine, ed 2. Philadelphia, WB Saunders Co, 1984, chap 39. **3.** O'Rourke RA. Am J Cardiol 1985,56:34H-40H **4.** McCall D, Walsh RA, Frohlich ED, et al: Curr Probl Cardiol 1985;10(8):6-80. **5.** Frishman WH, Charlap S, Goldberger J, et al: Am J Cardiol 1985,56:41H-46H. **6.** Shapiro W: Consultant 1984,24(Dec):150-159. **7.** O'Hara MJ, Khurmi NS, Bowles MJ, et al: Am J Cardiol 1984;54:477-481 **8.** Strauss WE, McIntyre KM, Parisi AF, et al: Am J Cardiol 1982, 49:560-566 **9.** Feldman RL, Pepine CJ, Whittle J, et al: Am J Cardiol 1982;49:554-559.

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Secretary of Health announces staff changes

Secretary N. Mark Richards, MD, recently announced the following appointments in the Department of Health:

• John W. Clem as deputy secretary for planning and quality assurance. Clem was executive director of the health systems agency of southwestern Pennsylvania, where he was responsible for managing the health planning for ten counties.

• Ronald David, MD, as deputy secretary for public health programs. For the past six years, Dr. David was assistant professor of pediatrics and obstetrics and gynecology at the University of Pittsburgh.

• Victory F. Greco, MD, as deputy secretary for community health. Dr. Greco is a surgeon from northeastern Pennsylvania.

• Jeannine D. Peterson as deputy secretary for drug and alcohol programs. Previously, she was director of the Bureau of Program Service and manager of the department's alcohol highway safety program.

• Robert Zimmerman as acting deputy secretary for administration. Zimmerman has been with the department for 15 years and served as acting deputy secretary for public health programs.

• Donna Wenger and Robin Wilcox as executive assistants. Wenger had served as director of educational activities for the Pennsylvania Medical Society from 1982 to 1987. Wilcox has been with the state since 1972. Since 1978 she served as chief of plan development, director of planning and technical assistance, and director of policy and planning.

Ophthalmologists issue national eye care agenda

The American Academy of Ophthalmology has issued a plan for the future of eye care as a response to the changes affecting health care throughout the U.S. The report, "Eye Care for the American People," assess the current state of eye care services and calls for the establishment of an integrated eye care system.

The academy has distributed the report to various health care providers, researchers, and government officials. Bruce E. Spivey, MD, executive vice president of the academy, said the report represents ideas for "initiating and influencing changes in the eye care system and for promoting high standards of care." The report calls for:

• Studies to evaluate and improve access to eye care for minority group members, poor and disabled people, children, and elderly people;

• Research on traditional and alternative delivery systems and competitive factors in order to establish affordable and accessible eye care services;

• Public information campaigns to promote personal responsibility for visual health.

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Health Department releases cancer registry report

The first cancer incidence report of the Pennsylvania Cancer Registry, covering 14 south central Pennsylvania counties, was released October 13 by the state Health Department.

In releasing the information, Health Secretary N. Mark Richards, MD, said the report is a milestone in the fight against cancer in Pennsylvania.

Dr. Richards said the initial report is based on information received from hospitals in south central Pennsylvania, where the cancer registry first began. (The 14 counties included in the report are Adams, Bedford, Blair, Cumberland, Dauphin, Franklin, Fulton, Huntingdon, Juniata, Lancaster, Lebanon, Mifflin, Perry and York.) Reports for the other sections of the state are being prepared in the order in which the registry was implemented.

"With this report, we begin a series that will eventually detail all cancer cases diagnosed in Pennsylvania. It will give us hard facts and figures revealing cancer rates by age, race, sex, and geographic area," Dr. Richards said.

"It is divided into three major sections. One section shows the risk of cancer by age for major types of cancer, a second section depicts cancer risks for all ages combined, and the third section shows the rates for major types of cancer by county. In summary, this is a major epidemiological tool to help us define the kinds, locations, numbers, and perhaps in the long run, to pinpoint the causes of cancer."

The rates by counties showed considerable variation. For example, Bedford had a rate of 206 new cases for each 100,000 men, while Perry had a rate of 420. Differences in the rates between counties are due in part to the normal fluctuation of the rates seen in small population groups. The overall rate was 366 per 100,000 men and 293 per 100,000 women. However, none of the rates are considered to be significantly higher than those reported by cancer registries in other states.

Highlights of the report, based on diagnoses made in 1983 show that 6,582 cancers—3,226 males and 3,356 females—occurred in a population of about 1.75 million residents in the 14 county area.

The leading cancer diagnosed among men was lung cancer (19.4% of the total male cases) followed by colo-rectal (17.9%), bladder (7.6%), and lymphomas (4.7%).

Among women the leading cancer in 1983 was breast cancer (28.6% of the total female cases), followed by colo-rectal (18.3%), uterus (7.9%), lung (7.2%), and cervix (2.7%).

The risk of cancer increased rapidly with age. At age 75, almost 24 out of every 1,000 men and 14 out of every 1,000 women living in the region were diagnosed with cancer.

When rates were compared between men and women for common types of cancer—mouth, esophagus, larynx, lung, bladder, and kidney—the risk for men was between 1.6 and 4.4 times greater. The differences are considered to be associated with the greater consumption of alcohol and tobacco by men.

"The Cancer Registry is filling an important gap in statewide health information by giving us very real facts and figures on the occurrence of cancers," Dr. Richards said. "Heretofore, we had to rely on information extracted from death certificates which would not necessarily reflect the presence of cancer.

"Through information collected in the registry, the Department of Health is beginning to build a program for controlling cancer. The information can be used to plan and evaluate cancer control measures in the area of risk assessment, prevention, early detection, patient care, public and professional education, and clinical research," Dr. Richards concluded.

The establishment of the Pennsylvania Cancer Registry had been a priority since the Pennsylvania Cancer Control and Research Act was signed into law in 1980. The registry is set up so that 268 hospitals across the state send reports of newly diagnosed cancer to the Department of Health each month. The department receives 6,000 to 7,000 reports each month.

Flu vaccine available now

This year's flu vaccine, scheduled for use during the upcoming flu season, contains protection against three different strands of the disease. Dr. Bruce Kleger, director of the Health Department's Division of Clinical Microbiology, said manufacturers of the vaccine have included protection against A/Taiwan, A/Leningrad, and B/Ann Arbor flu.

High-risk groups should receive immunization now. High-risk groups include those over age 65; those with serious heart or lung disease; residents of nursing homes or other chronic-care facilities; adults and children with chronic metabolic kidney disease, anemia, or asthma; and physicians, nurses, and other personnel who have extensive contact with high-risk patients.

Kleger advises against the use of medications containing aspirin for children with the flu. "Aspirin-containing medication may increase the risk of Reye syndrome, a rare but serious illness associated with flu and other viral diseases such as chickenpox," Kleger said. He also said a prescription drug—Amantadine—may reduce the severity or duration of influenza illness when given early after infection with Type A flu viruses. The drug is not effective against Type B flu.

Kleger said the Health Department has begun its annual active surveillance for flu activity in Pennsylvania. This system helps health officials determine which flu strains are affecting Pennsylvanians.

Blue Shield president elect

Pennsylvania Blue Shield's board of directors has named Samuel D. Ross Jr., Carlisle, executive vice president and president elect.

Leroy K. Mann, president of Pennsylvania Blue Shield since 1981, plans to retire in June 1988 after serving with the organization for 35 years.

Ross has served as senior vice president of administration and planning since 1981. Before he joined Blue Shield in 1970, he worked in hospital administration at Thomas Jefferson University Hospital, Philadelphia.

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HUP dedicates new facility

The new $96 million Founders Pavilion, containing state-of-the-art surgical, research, and patient care facilities, was dedicated at the Hospital of the University of Pennsylvania (HUP) on September 28. Founders Pavilion, the fourth major part of an ongoing modernization program begun in the mid-1970s, houses 124 medical and psychiatric beds, 88 intensive care beds, 23 operating suites, and a 375-seat cafeteria.

C. Edward Schwartz, executive director of HUP and vice president for clinical services, said that Founders, which was named in honor of the distinguished physicians who founded the first medical school in America at Penn in 1765, also plays a major role in tying the HUP complex of 12 buildings together. "The new building provides a hub for our medical services, and by joining the major buildings of HUP with connecting corridors, it makes movement easier for patients, staff, and visitors," he said. "We also stressed to the architects and designers the importance of creating a humane and friendly environment for patients, and they responded with special architectural features, use of color and natural light, and clarity of organization."

Special features include a surgical intensive care unit (SICU) constructed on a circular plan with all the patient rooms visible from any point; consultation rooms for physicians, families, and patients on each floor; waiting areas that have smoking and non-smoking sections; and nursing stations that are large and placed prominently for patients and visitors. In addition, half the rooms on each patient floor are private.

The Pavilion also groups its 23 operating rooms according to specialties, which will save HUP equipment expenses and will permit surgical teams to use the same set of operating rooms for almost all of their operations. Each operating room also contains computerized monitors that will enable surgeons to communicate with labs and other areas more quickly.

PSG elects new officers

S. Philip Bralow, MD, of Graduate Hospital in Philadelphia, was elected to the presidency of the Pennsylvania Society of Gastroenterology. The election was held at the PSG Annual Meeting, September 18–20, 1987, at the Sheraton Society Hill, Philadelphia. Dr. Bralow is the fourth president of the Society.

President elect is Morton L. Goldstein, MD, of Pittsburgh; secretary, James F. Young, MD, of Lancaster; and treasurer, Thomas J. Humphries, MD, of Philadelphia. The officers will serve for a two-year term.

DXplain aids diagnoses

AMA/Net, the American Medical Association's on-line data base, has added DXplain, a new knowledge base of diagnoses and associated signs and symptoms. DXplain is designed to provide physicians with diagnostic assistance by presenting plausible explanations for a given set of clinical data.

Based on a patient case description (signs, symptoms, lab data), which the physician enters, DXplain presents a ranked list of diseases that should be considered as possible candidates to explain the presence of the signs and symptoms. DXplain also can explain why a specific disease is being considered or excluded, note whether a disease is common or rare, and provide an on-line textual summary of any disease in the database.

However, DXplain developers at the Laboratory of Computer Science of Massachusetts General Hospital and Harvard Medical School stress that the database should not replace or overrule a physician's judgment as the primary diagnostic resource. Rather, it should be used as a reference tool.

At any time during the interaction, the physician may add new clinical data to the case. Once DXplain digests the new information, a revised list of diseases will appear.

DXplain can also question the user about the presence or absence of significant clinical findings. In addition, it can suggest other clinical findings that might be expected if the disease were present.

DXplain understands more than 4,700 terms based on clinical and laboratory data. Its database contains 2,000 diseases and uses more than 65,000 disease-term relationships. Its extensive clinical vocabulary also recognizes many misspellings, abbreviations, and synonyms, allowing for rapid data entry and quick response. A case can be entered and interpreted in a matter of minutes.

AMA/Net subscribers throughout the United States can use DXplain for less than $40 an hour, which includes the basic network service charge. For more information about DXplain, call AMA/Net Support at 800-426-2873.

Art exhibit open

"Doctors Prescription for Collecting," the current exhibit at the Morani Art Gallery at the Medical College of Pennsylvania, contains more than 150 pieces that 23 Philadelphia physicians have collected.

Highlights of the exhibit include a Calder painting, a tenth century stone Buddha, an exquisite sea shell collection, and sculptures by Beatrice Fenton and Alma Dea Morani, MD, the founder of the gallery.

The Morani Art Gallery is in the Eastern Pennsylvania Psychiatric Institute Conference Center, 3200 Henry Avenue, Philadelphia. It is open from 4 to 6 p.m. Tuesdays and Thursdays and by appointment.

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State reports 1986 morbidity statistics

Ernest J. Witte, VMD, MPH

A question often raised is why selected diseases should be reported to the Pennsylvania Department of Health. The morbidity reporting system serves as a vital communications link between the Department of Health, physicians, and other health care providers in Pennsylvania. The primary objectives of disease surveillance are:

1. To determine the level of specific disease morbidity within a community and within the state.

Dr. Witte is the director of the Division of Acute Infectious Disease Epidemiology, Department of Health, Harrisburg.

2. To evaluate risks of transmission.
3. To intervene rapidly when appropriate to prevent further disease morbidity.
4. To collect information and data about newly identified infectious diseases.

Delay or failure to report communica-

1986 ANNUAL SUMMARY OF CERTAIN NOTIFIABLE DISEASES BY AGE

DISEASE		TOTAL	AGE														
			Under 1	1	2	3	4	5-9	10-14	15-19	20-24	25-29	30-39	40-49	50-59	60+	Not stated
DIPHTHERIA																	
HEPATITIS (Type A)	Male	222	1	1		2		5	8	20	46	38	41	20	11	28	1
	Female	183	1			2	1	9	6	7	29	36	29	13	21	28	1
	Un-Known																
	Total	405	2	1		4	1	14	14	27	75	74	70	33	32	56	2
(Type B)	Male	473							3	35	103	124	110	36	24	32	6
	Female	319	1						2	36	88	71	68	17	7	25	4
	Un-Known																
	Total	792	1						5	71	191	195	178	53	31	57	10
(Type unspecified)	Male	10								1		3	2	1		2	1
	Female	9								1	2	1		1		4	
	Un-Known																
	Total	19								2	2	4	2	2		6	1
(Type Non-A Non-B)	Male	46							1	1	5	9	11	4	4	11	
	Female	58					1			3	9	3	10	4	10	18	
	Un-Known																
	Total	104					1		1	4	14	12	21	8	14	29	
MEASLES		28		2	1		1	4	11	4	2	2	1				
MENINGOCOCCAL INFECTIONS	Total	162	30	15	14	7	6	8	6	21	12	5	5	5	8	19	1
	Military																
	Civilian	162	30	15	14	7	6	8	6	21	12	5	5	5	8	19	1
MUMPS		63		1	1	1	2	28	14	6	3	1	1	2	2	1	
PERTUSSIS		52	39	3	4	1	1	1					2			1	
POLIO-MYELITIS	Total																
	Paralytic																
	Non-para. & Unsp.																
RUBELLA		1										1					
SALMONELLOSIS		2884	240	130	107	83	57	170	118	180	247	232	326	182	150	590	
SHIGELLOSIS		391	8	29	29	34	16	60	16	18	35	28	49	17	11	29	
TETANUS		1												1			
TYPHOID FEVER (Cases only)		5					1		1				1	3			

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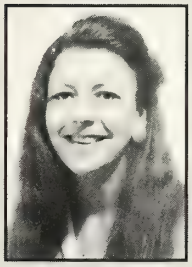

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ble diseases may contribute to serious outbreaks. For example, early reporting of hepatitis A in a day-care center could provide for the timely administration of immune globulin thereby possibly preventing additional cases. Removing infected persons in sensitive occupations, as food handlers, could prevent the spread of diseases such as salmonellosis or shigellosis. Failure to report diseases can result in increased disease in the community, additional time lost from work or school, increased costs for diagnosis and treatment, prolonged hospitalization, and possibly death.

Morbidity totals in the attached report represent the final figures of the reported notifiable diseases for 1986. These statistics represent cases reported to the Pennsylvania Department of Health from reporting sources throughout Pennsylvania and the basic methods of collecting the morbidity data were similar to those of previous years. Therefore, the data may be compared with past years.

The morbidity statistics not only include the notifiable diseases reported in Pennsylvania residents but also other diseases that are of special interest.

Reports of notifiable diseases occurring in out-of-state residents were referred through an interstate notification system to the appropriate state health departments for investigative and reporting purposes. Cases referred to other states through this system are not included in the enclosed statistics.

Following are comments covering a number of diseases.

AIDS - AIDS cases continued to soar in 1986. Since the initiation of our surveillance program in 1981 when three cases were reported, by the end of 1986 we had 757 cases. Of these, 320 cases were reported in 1986. These consisted of 301 males and 19 females. Of all cases reported since 1981, 77% were exclusively homosexual/bisexual and 9% additional ones were homosexual/bisexual drug users. Of 39 females 26% were IV drug users, but the highest risk factor for females was blood contact. The total mortality for all cases was 60%.

ASEPTIC MENINGITIS - Reported cases decreased from 407 in 1985 to 301 in 1986. Most cases (74%) had an onset of illness between July and October. Coxsackie B5 was isolated from the cerebral spinal fluid of three cases, Coxsackie B3 from two patients, and echo 11 from two patients.

1986 ANNUAL SUMMARY OF NOTIFIABLE DISEASES BY MONTH

Disease	Total Cases Including Citizens & Non-Citizens	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Month Unknown
Amebiasis	56	4	2	4	6	2	5	3	5	1	2	1	1	20
Anthrax														
Aseptic Meningitis	301	12	3	6	6	8	14	45	79	49	51	18	9	1
Botulism—Total	8													
Foodborne														
Infant	8	1			1	1			2	1	1	1		
Wound														
Unspecified														
Brucellosis	1												1	
Chickenpox														
Diphtheria														
Hepatitis Type, A	405	31	33	35	35	34	40	39	32	33	33	29	23	8
Hepatitis, Type B	792	61	58	72	57	80	64	65	47	79	62	57	68	22
Hepatitis, Type Unspecified	19	1	2	2	1	1	2	1	0	1	1	5	2	0
Hepatitis, Non-A, Non-B	104	8	5	6	6	12	6	9	8	12	8	8	10	6
Legionellosis	53	5	1	3	4	0	5	9	7	8	5	5	1	0
Leprosy Total														
Leptospirosis														
Malaria— Total	24	4	2	1	1	1	2	2	1	4	2	2	1	1
U.S.*														
Imported**	24	4	2	1	1	1	2	2	1	4	2	2	1	1
Measles (Rubeola)— Total	28				1	15	6		2			2	2	
Indigenous	17					7	6					2	2	
Imported (International & Out of State)	11				1	8			2					
Meningococcal Infections—Total	162	23	14	8	16	15	5	8	6	10	10	18	21	6
Civilian	162	23	14	8	16	15	5	8	6	10	10	18	21	6
Military														
Mumps	63	2	3	11	5	10	3	4	4	5	1	12	3	
Pertussis (Whooping Cough)	52	5	2	9		4	3	2	7	3	3	10	4	
Poliomyelitis— Total All Types														

Disease	Total Cases Including Citizens & Non-Citizens	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Month Unknown
Psittacosis	7				2				1	2			1	1
Rabies Human Total														
Rheumatic Fever, Acute														
Rubella (German Measles)	1				1									
Rubella, Congenital Syndrome														
Salmonellosis (Excl. Typhoid)	2884	95	84	80	132	152	241	275	350	213	242	161	97	688
Shigellosis (Bacillary Dysentery)	391	22	14	11	8	8	17	15	26	28	19	24	17	180
Tetanus	1					1								
Trichinosis	4											4		
Tularemia														
Typhoid Fever— Total Cases	5		1	1			1	1	1					
U.S.*														
Imported**	5		1	1			1	1	1					
Typhoid Fever— Total Carriers	2													
Typhus Fever (Flea-Borne, Murine)														
Typhus Fever (Tick-Borne, Rocky Mt. Spotted)	12				3	2	3		1	1				2
Toxic-Shock Syndrome	5	1		1		1	1	1						
Encephalitis (Arthropod-Borne)														
Encephalitis (Other Primary Infections)	57	2	1	4	1	3		9	19	8	3	5	2	
Encephalitis, Post Chickenpox	3				1	1	1							
Encephalitis, Post Mumps														
Encephalitis, Post Other														

ENCEPHALITIS - Reported cases of primary encephalitis decreased slightly from 65 in 1985 to 57 in 1986. No cases of arthropod-borne encephalitis were reported.

GIARDIASIS - Giardiasis in 1986 totaled 1,466 cases, up six cases from 1,460 in 1985. No outbreaks due to municipal water supplies were identified. Six counties, which have approximately 40% of the state's population, reported 50% of the 1986 cases: Philadelphia 163, Allegheny 159, Bucks 126, Montgomery 99, Chester 93, and York 90. Cases peaked in August when 199 were reported. The age groups most often affected were 0-9, 420 cases, and 30-39, 344 cases.

HEPATITIS (VIRAL) - Reported cases decreased for all types except unspecified hepatitis. Hepatitis A decreased from 566 cases in 1985 to 405 cases in 1986. Hepatitis B decreased from 1,038 cases in 1985 to 792 cases in 1986.

LEGIONNAIRES' DISEASE - Fifty-three cases of Legionnaires' disease were reported in 1986. This number did not differ substantially from the 47 cases reported in 1985. Four counties reported more than half the cases: Allegheny 10, Westmoreland 9, Bucks 5, and Dauphin 4. Twelve counties reported one each. Cases peaked in July when nine cases were reported. Seven cases were reported in August and eight in September.

MALARIA - Reported cases remained relatively constant with 27 cases in 1985 and 24 cases reported in 1986. All cases were acquired outside the United States. Malaria in foreign civilians accounted for 24 (67%) of the 24 cases. Ten cases had traveled to the Indian subcontinent, 9 to Africa, 2 to Southeast Asia, 2 to South America, and 1 to Haiti. Sixty-one percent of the cases had not taken malaria chemoprophylaxis.

RABIES - The 583 cases of animal rabies laboratory-confirmed during 1986 was the highest yearly total since 1946. Ten species of animals were affected with raccoons (409 cases) again being most commonly infected. Other species affected were skunks (101), foxes (24), cats (19), bats (17), groundhogs (5), cows (3), horses (3), and dogs (2). Although the epidemic continues to be located in the Southcentral counties of the commonwealth, 29 counties reported at least one case of animal rabies. By counties York had 138 cases, Perry 116 cases, Dauphin 84 cases, Cumberland 56 cases, and Centre 40 cases. These were the counties most heavily infected. The foci of the epidemic continues to

Trauma symposium on January 9

Twelve trauma hospitals in the Philadelphia area will be presenting case studies of trauma problems on January 9, 1988. Analyses and discussions will be led by local and out of town faculty, including Dr. Raymond Alexander from the University of Florida, Dr. Donald Fry from the University of New Mexico, and Dr. Donald Trunkey from the University of Oregon.

All physicians, nurses, and paramedic personnel involved in trauma are welcome. Four hours of Category I credit will be given.

This free symposium will be in the auditorium of the new Temple University Hospital at Broad and Ontario Streets from 7:30 a.m. to 12 noon. Sponsors are Episcopal Hospital and Merck Sharp & Dohme Laboratories.

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move predominantly eastward with some northerly movement.

ROCKY MOUNTAIN SPOTTED FEVER - Twelve cases of RMSF were reported during the year, down from 21 reported in 1985. Onsets for all cases were between April and September with April and June each having three cases. All cases occurred in the Southeastern or Southcentral districts of the commonwealth. Six patients had a history of tick attachment. Although patients ranged in age from 6 to 68 years, nine cases were between 10 and 50 years. Nine of the patients were male. One death was reported.

SALMONELLOSIS - Reported cases of salmonellosis increased from 2,681 cases in 1985 to 2,884 cases in 1986. Philadelphia and Allegheny Counties accounted for 1,276 cases or 44% of the total. Two age groups accounted for 47% of the 1986 cases, 0 to 4 years (617 cases) and over 60 years (590 cases). Cases peaked in August when 350 cases occurred. For the five month period from June through October, 1,321 or 49% of the cases with known onset dates occurred.

SHIGELLOSIS - Shigellosis decreased from 489 cases in 1985 to 391 cases in 1986. Philadelphia (208 cases), Lancaster (38 cases), and Allegheny (31 cases) Counties reported 71% of the 1986 cases. Children nine years of age and under accounted for 176 or 45% of the total cases. Although onset of cases peaked in September when 28 cases occurred, the months of January, August, and November also reported 22 or more cases.

TOXIC SHOCK SYNDROME - Reported cases decreased from 11 in 1985 to 5 in 1986. Three of the cases were tampon associated and two were wound associated cases.

TOXOPLASMOSIS - Fewer cases of confirmed toxoplasmosis were reported during the year. Seven cases were reported but were not laboratory-confirmed. Of these, only three cases had frequent contact with cats. Three of the four females involved were of childbearing age. Five cases were reported from Allegheny County and one each from Clinton and Centre Counties.

TYPHOID FEVER - In 1986 five cases of typhoid fever were reported. This compares to four cases in 1985 and 10 cases in 1984. All five cases were infected outside of the United States. Additionally, two new carriers were identified in 1986. □

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5:30 p.m.	Adults with Post-Operative Congenital Heart Disease *Paul Anisman, MD*
6 p.m.	Refreshments

December 17, 1987	
4 p.m.	Case Presentation
5 p.m.	Identification of the High Risk Patient in Sudden Death *Allan Greenspan, MD*
5:30 p.m.	Pharmacokinetic Predictors of Arrhythmias *Stephan Porter, PhD*
6 p.m.	Refreshments

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Involvement key to membership

Patricia L. Hogg

"I think in a great measure, membership depends on how important the members perceive their contributions to the Society to be. If they feel they are contributing only dollars to the Society, they are very unlikely to become active members," Roberta L. Schneider, MD, chairman of PMS's Council on Membership, said. "The key is getting people involved."

Recruitment and retention of PMS members has been a priority of Dr. Schneider's since she joined the Society in 1981 during her residency at the Medical College of Pennsylvania. Almost immediately she became secretary of the Resident Physicians Section and was instrumental in the development of that organization.

"What we tried to do was increase the participation of residents in the Society and increase the Society's receptivity to younger members' ideas and concerns. We tried to involve residents in activities at the national level as much as possible so they could learn skills for successful issue presentation and information gathering that they could use in the state to try to effect some changes to state policy."

The residents from Pennsylvania have brought many concerns to the AMA House through the AMA Resident Physicians Section and have contributed in a positive way to AMA policy.

"One of the things that is very disturbing is that doctors, in general, don't get involved. They don't understand the Society format; they think it is cumbersome and bulky. That's why it's important for residents and young physicians to learn how to function effectively in this type of forum," Dr. Schneider said.

In 1983, Dr. Schneider was appointed to the Council on Membership. Since then she's recruited hundreds of PMS members, making her PMS's second highest recruiter. She is, in part, responsible for turning the Society into a younger organization. In 1980, 40 percent of the membership was age 60 or older. Only two percent was under 35. By 1987, 19 percent of the membership was under 35, and 40 percent was between the ages of 35 and 60. In the past five years the Society has added more than 4,000 members, increasing membership to more than 18,000.

One of Dr. Schneider's goals now is to reach 19,000 members. "I really emphasize retention. It's one thing to get someone to join, but unless they see tangible benefits they are just as likely to discontinue their membership," she said. She hopes to increase the resident retention rate to 35 or 40 percent, and to boost student membership to 50 percent. It's important to attract the younger members, she said. "We have some really talented young people in the Pennsylvania Medical Society who started as medical students, and as

Women underrepresented in organized medicine

A trend in the medical profession is the rising number of women physicians. Today's woman physician is young—about age 35—involved with patient care, and is based in an office and not at a hospital. She has begun to enter male-dominated fields such as surgery. And her professional type can be found in great numbers in New York, California, and Illinois.

However, the woman physician's strength is not yet proportionally represented in the professional forum where she can do the most for her future and for the future of other women who wish to become physicians: organized medicine.

Keeping pace with the growing physician population—the total number of practicing physicians grew by 60 percent between 1970 and 1985—the number of women physicians now exceeds 80,000, increasing nearly 200 percent between 1970 and 1985. Women were 12 percent of the physician work force in 1980; by year-end 1985, they accounted for 15 percent of the total physician population. At the end of 1985, 42 percent of women physicians were under 35 years old. Only seven percent were 65 or older. By 1985, nearly four of five women physicians were in patient care, the majority of those office-based. However, while many women continue to enter pediatrics, general practice, psychiatry, internal medicine, anesthesiology, obstetrics/gynecology, and pathology, increasing percentages of women are entering male-dominated specialties. Eight years ago, more than a third of the specialties had no women in training; in 1985, female residents could be found in all but vascular surgery.

Despite such growth in the profession, the growth of women in organized medicine has not been as spectacular. Only 28 percent of active women physicians are members compared to 45 percent of male physicians, though this figure represents an increase over previous years.

To encourage women physicians to join organized medicine, societies are

they are working with the Society they are becoming better leaders and better representatives," she said. In the long run, Dr. Schneider hopes to make Society membership attractive to all physicians in the state. "I guess I'm still an idealist," she said.

Dr. Schneider also has encouraged other segments of PMS to get involved with recruitment and retention. She has organized a resource group called "Intergroup." Intergroup is sponsored by the Council on Membership and is attended by representatives who are responsible for membership in the Residents Section, the Hospital Medical Staff Section, the Medical Student Section, PaMPAC, the Auxiliary, the Medical School Section, the Educational and Scientific Trust, and now the Young Physicians Section. The group shares information on membership goals and suggests ways for each to increase its membership. "It's been an excellent interchange of information," Dr. Schneider said.

Women physicians make up one group that membership efforts may begin to target, Dr. Schneider said. "Women are severely underrepresented. It's important to target women so that women become more involved, but not to have them singled out with totally different needs. Addressing their special needs and utilizing their contributions will be assets to the Society," she said.

Another membership target may be certain groups of physicians, such as those who are employed by HMOs or PPOs or those who are hospital-based. She said many of these physicians don't realize the benefits of joining PMS. "All doctors need to be aware of what things they maintain responsibility for; in terms of patient care, quality assessment, liability, and economics," she said. Moreover, many important medical issues are being addressed and debated on the state level. "Some of the things that catch our interest happen on the national level, but many issues that are far-reaching, such as health care cost containment, happen on the state level," she said. PMS is where physicians can get information and support on all of these issues.

"The benefits I've received from the Society have been more than inexpensive insurance, educational programs, and risk management programs. They've been more along the lines of informational materials—what kinds of concerns we are facing now and will be facing in the future, and how complicated things are. Remember, the pieces of the health provider's pie are increasing in number and are competing for the same resources. Meanwhile, technology is increasing and that combination makes it difficult to stay abreast of developments in the medical field. The other thing that has really been of benefit is just being able to meet physicians from all over the state to learn what their concerns are," Dr. Schneider said.

On the other hand, she said, "It's one of the most frustrating things to hear doctors say PMS isn't doing anything about malpractice, or PMS isn't doing anything about other issues, when they don't know what's going on. Many aren't even involved enough to understand the topic and they're being critical."

Dr. Schneider has actively recruited new members for several years. "At intern orientation programs, where we are inviting new members to join us with a free first year of membership, their response is usually very positive. On the other hand, recruiting members in other categories is more difficult," she said. Often she distributes PMS's brochure "What Have We Done for You Lately," but she said her style and manner are her best recruiting tools.

Dr. Schneider's latest contribution to the Society is in chairing the steering committee of the Young Physicians Section for physicians under age 40. The section's planned activities include compiling a list of young physicians who are interested in becoming active in organized medicine and using this list as a resource for the state's and individual counties' councils and committees. The section also plans to track young physicians' involvement in PMS and the county societies, to help them set goals for recruitment and meet the needs of the young physicians. At the Annual Meeting the section sponsored a session explaining how PMS and the House of Delegates work.

Dr. Schneider is associate director of Clinical Development at Merck Sharp and Dohme in West Point. She designs, implements, and monitors clinical studies that are done with currently mar-

beginning to target recruitment efforts toward women. The American Medical Association established the Women in Medicine Project in 1984 to promote involvement. The project coordinates AMA initiatives addressing women physicians and medical students, including membership development, leadership training, and joint activities with special sections of the AMA. It also serves as a resource and clearinghouse for information on women in medicine. Its task is to ensure that women physicians and medical students are "fully mainstreamed," or represented in proportions equal to those of their male counterparts, into organized medicine.

To do this, the project has organized a nationwide phonathon to invite women physicians to join the AMA, and has developed a survey to determine the attitude of women physicians, both members and nonmembers, toward their state and county medical societies. Medical societies can also use the AMA Women Leaders Databank to tap more women for leadership positions, creating more visibility for women and encouraging them to be role models for other women not actively involved in the organizations.

"In the next five to 10 years the numbers of women will be such that they will have to be recognized by the establishment and be given roles where they have decision-making power. Sheer numbers are going to make a fairly obvious difference. You can't ignore the presence of that many women," Glenda Donoghue, MD, director of continuing medical education and professional development at the University of New York-Buffalo School of Medicine and Biomedical Sciences, said.

As of the 1985-86 school year, 21,624 women were enrolled in medical school, accounting for about one-third of all medical students. Thirty-six percent of those women students are AMA members compared to 40 percent of the male medical students. Such figures provide a strong base for more participation by women in organized medicine.

keted Merck Sharp and Dohme products.

Previously, she was an attending physician in the emergency department of Warminster General Hospital. She attended Wichita State University and the Medical College of Pennsylvania. She completed her residency in emergency medicine at MCP in 1984.

In addition to her state activities, Dr. Schneider is active in the Montgomery County Medical Society, a member of their delegation to the PMS and the county membership emergency services and medical legal committees. She also serves on the speakers' bureau. She recently spoke to a pre-medical group on the subject of medicine as a profession. "I didn't give them a gung-ho presentation about how wonderful medicine is. What I did was talk about the realities and how medicine is now. I presented a very balanced picture for them," she said.

PMS experiencing regenerative growth

Patricia L. Hogg

In 1980, membership statistics showed that 40 percent of the Society's members were age 60 or over, while just two percent were under 35. "Members of the Board of Trustees were very concerned that we had an aging membership and so few young members. When the facts were presented, the Board realized the gravity of the situation and made membership a priority," L. Reigel Haas, PMS director of professional relations, said.

The statistics have changed considerably since then. By 1987, 19 percent of the members were under 35, and a less alarming 25 percent were 60 or older. For the first time, Society membership exceeded 18,000.

One reason for this dramatic change is the Society's comprehensive recruitment effort begun in 1983. This effort, which was concentrated in the 12 metropolitan counties—Allegheny, Berks, Bucks, Chester, Dauphin, Delaware, Erie, Lehigh, Luzerne, Montgomery, Philadelphia, and Westmoreland—where 85 percent of nonmember physicians practice, produced a 6 percent membership increase in the first year for a record gain of 1,674. The annual growth rate since 1983 averages more than 3.8 percent, up from .9 percent before 1983. Meanwhile, the number of Pennsylvania physicians grows at an average rate of 2.1 percent a year.

Several recruitment efforts have been especially helpful. Targeting physicians under age 45 in the 12 counties has been a cost-effective way to reach the large majority of nonmember physicians, and helps the Society build its base of younger physicians. Each of these physicians received three separate mailings that dealt with three Society priorities—tort reform, alternative delivery systems, and cost containment—in hopes of enlisting their support. Giving residents a one-year free membership introduces between 200 and 400 potential principal dues payors to the Society each year. However, because the retention rate for these residents is only around 30 percent, the Council on Membership is currently conducting surveys of residents and first- and second-year practicing physicians to better involve residents in Society and county committees, commissions, and councils. Working with the Medical Student Section has raised student membership to nearly 750. Society representatives frequently participate in medical school orientations to recruit first-year students and direct mailings go out to all medical students each fall.

Figures for 1986 show a total membership of 18,026 up 482 from 17,544 in 1985. Principal dues payors accounted for 456 of the 482 increase, which was 56 over the Council on Membership's goal of 400. Overall, 1986 membership growth was 2.6 percent which compares to 2.8 percent in 1985. The number of residents decreased 18, and the number of students increased slightly. Forty-four counties reported membership growth.

As of July 31, 1987, total PMS membership was 18,303, 901 more than membership was on July 31, 1986. Large increases in the number of active physicians, first-year physicians, residents, and students recruited account for more than 90 percent of this increase.

Based on recent statistics and information concluded from the 1983 nonmember survey, the Council on Membership has prepared its 1988 recruitment plan. Again, emphasis will be placed on informing both members and nonmembers of legislative and regulatory issues that will have an impact on physicians and their patients. Membership will again be a priority, and the goal for recruiting practicing physicians will remain at 400 with the majority expected to come from the 12 metropolitan counties.

The Council plans to target residents, students, women physicians, medical school faculty, graduates of foreign medical schools, and hospital-based physicians. Direct mail will continue to be membership's primary recruiting medium, but personal contact from county medical society executives will be emphasized. PGY-1 residents will continue to receive one-year free membership.

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In Legislative Action, PMS Has...

1 Established contacts with state government officials, making organized medicine, and its positions on the issues, known to key decisionmakers.

2 Implemented ongoing legislative monitoring by experts who examine hundreds of bills each year which could affect the medical profession.

3 Established the Society as a principal information resource and advocate for professional liability reform.

4 Organized PaMPAC, the Society's political action committee, to assist candidates who understand medical issues and who are helpful to organized medicine.

5 Played a key role in passage of a new Medical Practice Act with provisions to meet modern licensing and oversight needs. The Act now serves as a guidepost for professional standards in the health care professions.

6 Provided important support for a child passenger protection bill.

7 Advocated a bill to prohibit the sale of anatomical parts.

8 Worked to prevent podiatrists from defining themselves as physicians.

9 Helped defeat measures that would allow nonpractitioners to practice medicine as a means of "cost containment."

10 Promoted the Cancer Control Act, including allocation of funds from cigarette taxes.

11 Successfully led opposition to legislated caps on medical facility capital investment.

12 Supported passage of protective rules shielding physicians from criminal liability when drawing blood under the drun driving law.

In Regulatory Action, PMS Has...

13 Vigorously supported the simplification of the Medica Assistance Form.

14 Successfully pushed for an increase in the average MA fee schedule to 50% of the average usual billing charge and helped win an increase to 70% for office visits, emergency room treatment, and outpatient hospital fees.

15 Jrged updating of the MA fee schedule to include 600 new procedures.

16 Challenged Blue Shield rules and regulations to assure due process for physicians.

In Communications, PMS Has...

17 Published "Pennsylvania Medicine" to bring Pennsylvania physicians the latest news on legal and political matters affecting them, as well as information on taxes, investments, insurance, and marketing/management advice.

18 Provided specialized newsletters with updates on reimbursement, medical liability and other concerns.

19 Initiated an intensive multi-media education campaign to present accurate information to the public in areas of specific concern to the profession and to counter negative publicity.

20 Increased contacts with the mass media to encourage balanced reporting on physicians' issues.

21 Provided speaker training for physicians who serve as public advocates for physician interests.

22 Offered a biannual medical reporters' seminar to acquaint medical writers with key issues.

23 Developed "HMOs and Your Medical Care," an educational booklet designed to answer patients' questions about HMOs.

For Hospital Medical Staffs, PMS Has...

24 Offered consultation services to assist hospital medical staffs in reviewing their bylaws.

25 Published a Medical Staff Bylaws Handbook.

26 Formed the Hospital Medical Staff Section within the Society to give medical staffs input into PMS decision-making.

27 Produced a "Joint Venture Participation Handbook" which outlines the legal, ethical, and logistical points for health care joint venturing.

On Physician Services, PMS Has...

28 Established the Marketplace Analysis program to provide up-to-date demographic information as well as listings of physicians, hospitals and HMOs for practice areas throughout Pennsylvania.

29 Offered placement services for physicians seeking practice opportunities in Pennsylvania and for communities in the state seeking physicians.

30 Provided a toll-free telephone hotline to answer reimbursement questions and assist in dealing with third party payers. (1-800-228-7823)

31 Developed a patient satisfaction survey to provide feedback to physicians on patient attitudes toward the care they receive.

32 Produced "Planning For Your Retirement," a comprehensive handbook on financial planning, selling a practice, retirement fund distribution and much more.

33 Established the Pennsylvania Medical Society Liability Insurance Company—PMSLIC—which now offers top-rated protection to over 6,000 physicians.

34 Developed the Risk Management Program, an education program on how to avoid damaging suits.

35 Initiated an Impaired Physician Program, now with a full-time medical director, to help troubled physicians get assistance from their colleagues.

36 Formed the PMS Educational and Scientific Trust to promote medical and health education as well as educational research projects.

37 Established a Department For Specialty Societies to pool the resources of various specialties and provide administrative support for their activities.

38 Founded a Pennsylvania Medical Society Auxiliary, a powerful support arm of the Society whose membership is open to member physicians' spouses.

In Practice Management, PMS Has...

39 Conducted practice management courses troughout the year at several locations. Subjects include establishing a practice, understanding computers, collecting from third party payers and many others.

40 Published an informative guide to patient education materials.

41 Provided marketing assistance from the Society's practice management network.

42 Offered a "Marketing Guide For Physicians" to provide basic information on how to apply a marketing plan to your medical practice.

43 Produced a contracting guide with valuable advice on PPO and HMO contracting for physicians.

44 Researched and published an entire series of informative practice management primers on topics affecting physicians including "Guide to Creditors Rights," "Practice Mergers and Cost Sharing Arrangements," as well as "Medical Ethics," "Distribution of Drugs," and "Medical Records."

45 Offered contract seminars to help with all aspects of contract negotiation.

46 Developed the Community/Practice Opportunity Assessment package to help physicians evaluate their goals and to find the best locations for their career.

47 Produced "HMOs: Should You Participate?" as an overview of the current directions in alternative care delivery systems and what physicians should know before getting involved.

48 Made available "Practice Options For Today's Young Physicians" to help new medical careers get the best possible start.

In Money Management, PMS Has...

49 Sponsored a credit union for physicians, their families, and their employees, offering loans with attractive rates.

50 Maintained a variety of premium-saving group insurance plans to PMS members.

Points Of Concern For Today.

The Pennsylvania Medical Society is continuing to assist physicians in the rapidly chang ing world of medicine. That commitment points toward ad dressing these major points o concern right now.

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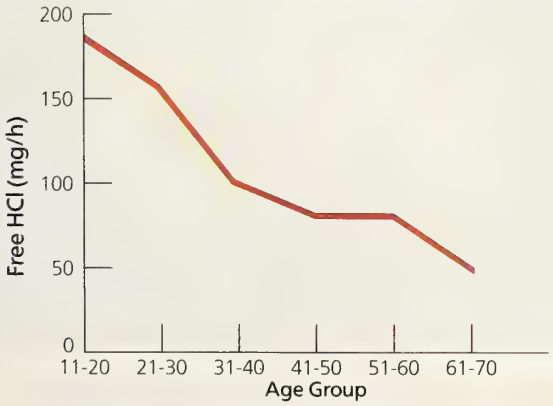

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BRIEF SUMMARY

CONTRAINDICATIONS
There are no known contraindications to the use of sucralfate.

PRECAUTIONS
Duodenal ulcer is a chronic, recurrent disease. While short-term treatment with sucralfate can result in complete healing of the ulcer, a successful course of treatment with sucralfate should not be expected to alter the post-healing frequency or severity of duodenal ulceration.

Drug Interactions: Animal studies have shown that the simultaneous administration of CARAFATE with tetracycline, phenytoin, or cimetidine will result in a statistically significant reduction in the bioavailability of these agents. This interaction appears to be nonsystemic in origin, presumably resulting from these agents being bound by CARAFATE in the gastrointestinal tract. The bioavailability of these agents may be restored simply by separating the administration of these agents from that of CARAFATE by two hours. The clinical significance of these animal studies is yet to be defined.

Carcinogenesis, Mutagenesis, Impairment of Fertility: No evidence of drug-related tumorigenicity was found in chronic oral toxicity studies of 24 months' duration conducted in mice and rats at doses up to 1 gm/kg (12 times the human dose). A reproduction study in rats at doses up to 38 times the human dose did not reveal any indication of fertility impairment. Mutagenicity studies have not been conducted.

Pregnancy: Pregnancy Category B. Teratogenicity studies have been performed in mice, rats, and rabbits at doses up to 50 times the human dose and have revealed no evidence of harm to the fetus due to sucralfate. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed.

Nursing Mothers: It is not known whether this drug is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when sucralfate is administered to a nursing woman.

Pediatric Use: Safety and effectiveness in children have not been established.

ADVERSE REACTIONS
Adverse reactions to sucralfate in clinical trials were minor and only rarely led to discontinuation of the drug. In studies involving over 2,500 patients, adverse effects were reported in 121 (4.7%). Constipation was the most frequent complaint (2.2%). Other adverse effects, reported in no more than one of every 350 patients, were diarrhea, nausea, gastric discomfort, indigestion, dry mouth, rash, pruritus, back pain, dizziness, sleepiness, and vertigo.

DOSAGE AND ADMINISTRATION
The recommended adult oral dosage for duodenal ulcer is 1 gm four times a day on an empty stomach.

Antacids may be prescribed as needed for relief of pain but should not be taken within one-half hour before or after sucralfate.

While healing with sucralfate may occur during the first week or two, treatment should be continued for 4 to 8 weeks unless healing has been demonstrated by x-ray or endoscopic examination.

HOW SUPPLIED
CARAFATE (sucralfate) 1-gm pink tablets are supplied in bottles of 100 and in Unit Dose Identification Paks of 100. The tablets are embossed with MARION/1712. Issued 3/84

References:
1. Grossman MI: *Scand J Gastroenterol* 58 (suppl 15):7-16, 1980
2. Marks IN, in Hellemans J, Vantrappen G (eds): *Gastrointestinal Tract Disorders in the Elderly.* Edinburgh, Churchill Livingstone, 70-81, 1984.
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physicians in the news

Monongahela Valley Hospital, Inc. has appointed **William L. Cunningham, MD,** as vice president of medical affairs. He had been medical staff president of the 317-bed facility, a position that is now held by **Robert Urban, MD.**

Diana M. Koziupa, MD, has been named director of mental health services at The Lower Bucks Hospital in Bristol Township. She will be responsible for all psychiatric services provided in the 30-bed, adult-only, in-patient mental health unit.

John W. Stella, DO, was installed as president of the American Osteopathic Association during the AOA House of Delegates Meeting on Monday, July 27, at the Chicago Marriott. Dr. Stella is vice president of medical affairs at Allentown Osteopathic Medical Center in Allentown.

Helen O. Dickens, MD, Philadelphia, was the honored lecturer at Hahnemann University's recent symposium on women in science and medicine. Dr. Dickens, who is professor of obstetrics and gynecology and associate dean for minority affairs at the University of Pennsylvania School of Medicine, received an award at the meeting recognizing her outstanding work in science and medicine.

Garrett E. Bergman, MD, of Narberth, professor of pediatrics at the Medical College of Pennsylvania (MCP), has been elected president of MCP's Medical/Dental staff for 1987-88. An MCP faculty member since 1975, Dr. Bergman directs the pediatric hematology research laboratory and the residency training program of the department of pediatrics. He has been co-director of MCP's medical humanities program since 1977.

The Medical College of Pennsylvania (MCP) recently selected **Carolyn Beth Hadley, MD,** of Havertown, as its first Henrietta Ottinger Huston MacFarlane Scholar in Obstetrics and Gynecology. Dr. Hadley joined MCP's obstetrics and gynecology staff this July after completing her residency at the Hospital of the University of Pennsylvania and her fellowship in maternal-fetal medicine.

Dr. Karen Elizabeth Senft, MD has been appointed to the position of director of outpatient pediatric rehabilitation at Good Shepherd Rehabilitation Hospital in Allentown. Dr. Senft will be responsible for the evaluation of children experiencing difficulties in a wide range of normal developmental progression including developmental delay, cognitive and physical difficulties, and learning disabilities.

Richard P. Albertson, MD, is the new president of the Montgomery County Medical Society. He exchanged the gavel recently with William H. Mahood, MD, immediate past president, at the Society's annual dinner dance.

On September 23, 1987, Senators Robert J. Mellow and Edward W. Helfrick presented a Declaration of Decree and Congratulations to the Geisinger Foundation and Marworth, a Geisinger affiliate in Waverly. **Henry Hood, MD,** president of the Geisinger Foundation, **George B. Sordoni,** chairman of the board of Marworth, and **Nicholas F. Colangelo, PhD,** president of Marworth, were among those honored at the presentation.

Kenneth L. Hurst, MD, of Williamsport, has been named honorary chairman of the 1987 Greater Williamsport CROP Walk. Dr. Hurst has gone on one-month medical missions to Haiti and Swaziland, and is active in several Christian medical organizations.

Harold J. Isard, MD, FACR, chairman emeritus, department of radiology, and director, Gershon-Cohen Breast Imaging Center, Albert Einstein Medical Center, has been selected by the Philadelphia division of the American Cancer Society to receive its first annual Cancer Control Award. Isard was chosen for his outstanding accomplishments in the area of mammography.

Carl T. Brighton, MD, PhD, professor and chairman, Department of Orthopaedic Surgery at the Hospital of the University of Pennsylvania, has received the MERIT Award from the National Arthritis and Musculoskeletal and Skin Diseases Advisory Council of the National Institutes of Health. This award will provide Dr. Brighton with long-term support to continue his scientific research on the biological effects of electrical stimulation on bone tissue.

James G. Bassett, MD, of Havertown, professor of surgery at Medical College of Pennsylvania (MCP), recently received the Distinguished Service Award in honor of his more than thirty years of service to the institution. The award was presented by **Bernard Sigel, MD,** professor and chairman of surgery at MCP, upon Dr. Bassett's retirement in June. Formerly chairman of the department of surgery from 1981–85, Dr. Bassett is the first recipient of this award.

Stanley A. Plotkin, MD, director of infectious diseases at Children's Hospital of Philadelphia, has been named chairman of the Committee on Infectious Diseases of the American Academy of Pediatrics. His reappointment to the committee and his new title as chairman was announced by **Jean D. Lockhart, MD,** director of the department of maternal, child and adolescent health of the American Academy of Pediatrics.

Michael M. Grunstein, MD, PhD, was recently named director of the division of pulmonary medicine at the Children's Hospital of Philadelphia. The appointment was announced by **Richard B. Johnston, MD,** physician-in-chief. Dr. Grunstein also has been named professor of pediatrics at the University of Pennsylvania School of Medicine, as announced by **Dean Edward J. Stemmler, MD.**

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in my opinion

On death certificate accuracy

N. Mark Richards, MD

After reading Dr. David A. Smith's editorial "A Plea for Death Certificate Accuracy" in the July 1987 issue of *Pennsylvania Medicine,*[1] I want to add my own plea to the medical community for a renewed effort in improving the completeness and accuracy of reporting on death certificates. Cause of death studies have indicated some problems with accuracy; however, death certificates are the only source of national and state level mortality data. A recent article in the *Journal of the American Medical Association*[2] by Drs. Tobias Kircher and Robert E. Anderson also stresses the importance of complete and accurate reporting of causes of death on the death certificate by the attending physician.

In his editorial, Dr. Smith questions whether the death certificate is intended to be primarily a legal document, with the medical information being of secondary interest. While the Division of Vital Records is responsible for the preservation and issuance of death certificates as legal documents, the Department of Health, as well as medical researchers and epidemiologists, are equally concerned with the medical information reported on the certificate as the basis for mortality statistics.

All medical conditions listed in either Part 1 or Part 2 of the cause of death portion of the certificate are coded according to ICD-9, and entered into the health department's permanent computer record. While our mortality statistics are produced primarily for underlying causes of death, we also have the capability of producing statistics on all causes listed. This can be useful, for example, when studying a chronic condition such as diabetes, listed in Part 2, which may not be the underlying cause of death but which may have contributed to death. Under the rules for selection of underlying cause of death according to ICD-9, a death resulting from complications of anesthesia during surgery will be coded to the anesthetic complication rather than the surgical procedure only if the anesthetic complication is listed on the death certificate.

Thus, the coding and mortality statistics we report are only as good as the information provided on the source document, i.e. the death certificate, by the attending physician. Corrected certificates should be filed with the Department of Health by the physician, based on autopsy results or other additional medical information received after the original certificate was filed.

To improve the medical certification data, the health department plans to modify the existing death registration system. Beginning with deaths occurring in 1989, the department will implement a revised death certificate that conforms to the U.S. standard. The U.S. standard certificates were developed by the National Center for Health Statistics, based on recommendations from state health departments, professional associations, such as the American Medical Association, the College of American Pathology, medical researchers, and other data providers and users. The new death certificate will have improved instructions for medical certification with examples on the back and additional space for entries in the cause of death portion, and will allow the attending physician to complete the cause of death section after a staff physician or associate (who may not be as familiar with the decedent's medical history) has certified the time, date, and place of death. We also plan to implement a query system to check back with the physician if the information provided on the certificate is incomplete or inconsistent. The intent of these revisions is to improve the quality of the data collected. However, any substantial improvement can only be accomplished by the physicians who complete the form.

The importance of the medical information provided on death certificates cannot be overemphasized. In addition to being the basis for mortality statistics at the national, state, and local levels, these data are used by medical researchers and epidemiologists to study disease patterns, and to track specific populations (i.e., workers exposed to specific chemicals that may be carcinogenic). I join Dr. Smith in urging all physicians who complete death certificates to provide medical information that is accurate, complete, and detailed to the best of their knowledge. Any questions regarding the proper completion of the medical portion of the death certificate should be directed to the Division of Health Statistics and Research, Pennsylvania Department of Health, P.O. Box 90, Harrisburg, PA 17108 (telephone 717-783-2548). □

Dr. Richards is state secretary of health.

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Mandala symbolism and creative arts therapy

Fred B. Rogers, MD

The *mandala,* a graphic symbol of the universe consisting of a circle enclosing a square or its reverse, is widely found in art and nature. It is one of the oldest and most universally known motifs of humanity. A rose window in a church is a familiar mandala; a human figure drawn so that its arms and legs extend to form the spokes of a wheel is another. The current peace symbol is also a kind of mandala, as are the concentrically arranged patterns of

crystals and flowers. A Sanskrit word met in Buddhist and Hindu lore, mandala also denotes a metaphysical concept in human mental life explored by the Swiss psychiatrist Carl G. Jung.[1] He wrote that in this symmetrical device the circle represented the Self and the square the Cosmos. These fourfold images, he found, appear in dreams of people throughout the world. In 1956, Jung's biographer, British psychiatrist E. A. Bennet, recorded the following remarks by Dr. Jung:

> C. G. spoke of his great interest on reading that a neurosurgeon, concerned with epilepsy, had stimulated the *corpora quadrigemina* and the patient had had a vision of a mandala, a square containing a circle. This vision could be reproduced—and was reproduced—by the stimulation of the same area. He said he had for a long time thought that the brain stem was important in our thinking life and how interested he was that the *corpora quadrigemina*, the four bodies, was the area, for it confirmed his idea of the importance of the square and the circle as symbols.[2]

Dr. Bennet added a footnote to these remarks: he noted that "the *corpora quadrigemina* consist of four rounded eminences forming the dorsal part of the mid-brain. They are arranged in pairs: *superior* and *inferior colliculi;* the former associated with sight, the latter with hearing."[3]

Sight and hearing are fundamental to symbol formation. Our minds create symbols from sensory perceptions so that we live in a symbolic world. Early in this century Harvard University philosopher George Santayana observed that "mankind is a tribe of animals, living by habits and thinking in symbols."[4] Later a psychiatrist on the west coast, John Weir Perry, described man's symbolizing capacity and its derangement in his book, *The SELF in Psychotic Process: Its Symbolization in Schizophrenia.*[5] This volume surveyed the symbolism of the quadrated circle, of psychological opposites, and of death and rebirth. A bridging of Occidental and Oriental viewpoints about life was posed in this study, based upon dream and waking images. A mandala vision, it claimed, represents the totality of macrocosm and microcosm that exists in the depths of the mind. Interplay of circle and square, as met in Oriental meditation, bridges consciousness and the unconscious realm. The hither and further reaches of human emotion, East and West, are vast. Recently author Norman Cousins wrote that "physicians often have to be master psychologists in eliciting all the information they require and in developing attitudes in patients that create an environment conducive to effective treatment."[6]

The use of creative arts in psychotherapy was pioneered by Jung and his colleagues. They employed drawing, painting, sand play, carving, and sculpting as adjuncts to treatment. In addition to fulfilling a creative urge, such distractions may take one's mind off worries or discomfort. Mandala forms are often met in the drawings of children and of primitive peoples. A pencil, ruler, and cup or saucer are all that are needed as tools today. Each person can fill in the spaces with designs or doodles. These might be as geometric as a Greek vase, or as intricate as a Persian rug or a Roman mosaic.[7] Many institutions use art creations in this way; the mandala diagram is analyzed along the lines that Jung suggested. Individual and group expression are also encouraged in other ways to enhance mental health. In Philadelphia, Hahnemann University offers an advanced study program of creative arts in therapy. It focuses upon the modalities of art, music, and dance/movement. Positive therapeutic effects on personality can result from these new/old art forms.[8]

In Jung's analytical psychology, the mandala with its central focus represents a balance between the outer world and the inner self. While studying his patient's drawings Jung found that he could penetrate their emotional sphere. Harmony between the inner and outer forces resulted in healthy-mindedness or, if fragmented, in conflict and tension. In his last book, *Man and His Symbols,* Jung emphasized this theme, which had evolved over his 85-year lifetime.[9] Dream symbols, he said, are clues to the dreamer's present state and possible eventualities. To him dreams represented a descent into a collective as well as a personal unconsciousness, the former being that part of the mind stocked with residues of human evolutionary experiences. At the collective level we all share certain archetypes or universal symbols related to birth, kinship, power, demise, and revival. These lend balance to our dreaming. The right cerebral hemisphere may contribute to the surrealistic and symbolic aspect of dreams. A mandalesque equilibrium of both hemispheres helps promote health and happiness.

In his foreword to Dr. Perry's perceptive book, Carl Jung wrote: "I write as a physician who has been privileged to see deeply into the psychic life of many people. . . . Psychology belongs as much to the physician's training as anatomy and physiology to that of the surgeon."[10] □

Dr. Rogers is professor of family practice and community health at Temple University School of Medicine, Philadelphia.

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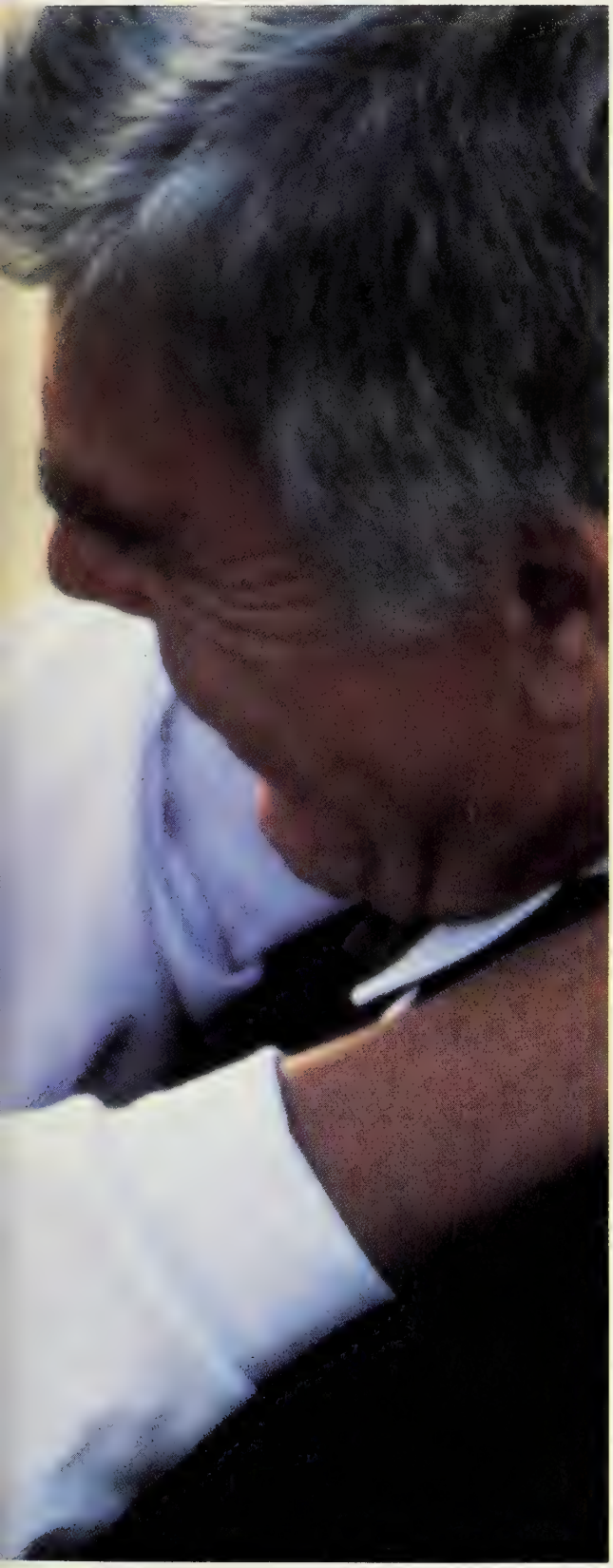

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1. ESTROGENS HAVE BEEN REPORTED TO INCREASE THE RISK OF ENDOMETRIAL CARCINOMA
Three independent, case-controlled studies have reported an increased risk of endometrial cancer in postmenopausal women exposed to exogenous estrogens for more than one year. This risk was independent of the other known risk factors for endometrial cancer. These studies are further supported by the finding that incidence rates of endometrial cancer have increased sharply since 1969 in eight different areas of the United States with population-based cancer reporting systems, an increase which may be related to the rapidly expanding use of estrogens during the last decade. The three case-controlled studies reported that the risk of endometrial cancer in estrogen users was about 4.5 to 13.9 times greater than in nonusers. The risk appears to depend on both duration of treatment and on estrogen dose. In view of these findings, when estrogens are used for the treatment of menopausal symptoms, the lowest dose that will control symptoms should be utilized and medication should be discontinued as soon as possible. When prolonged treatment is medically indicated, the patient should be reassessed on at least a semi-annual basis to determine the need for continued therapy. Although the evidence must be considered preliminary, one study suggests that cyclic administration of low doses of estrogen may carry less risk than continuous administration; it therefore appears prudent to utilize such a regimen. Close clinical surveillance of all women taking estrogens is important. In all cases of undiagnosed persistent or recurring abnormal vaginal bleeding, adequate diagnostic measures should be undertaken to rule out malignancy. There is no evidence at present that "natural" estrogens are more or less hazardous than "synthetic" estrogens at equi-estrogenic doses.
2. ESTROGENS SHOULD NOT BE USED DURING PREGNANCY
The use of female sex hormones, both estrogens and progestogens, during early pregnancy may seriously damage the offspring. It has been shown that females exposed in utero to diethylstilbestrol, a nonsteroidal estrogen, have an increased risk of developing, in later life, a form of vaginal or cervical cancer that is ordinarily extremely rare. This risk has been estimated as not greater than 4 per 1,000 exposures. Furthermore, a high percentage of such exposed women (from 30% to 90%) have been found to have vaginal adenosis, epithelial changes of the vagina and cervix. Although these changes are histologically benign, it is not known whether they are precursors of malignancy. Although similar data are not available with the use of other estrogens, it cannot be presumed they would not induce similar changes. Several reports suggest an association between intrauterine exposure to female sex hormones and congenital anomalies, including congenital heart defects and limb-reduction defects. One case-controlled study estimated a 4.7-fold increased risk of limb-reduction defects in infants exposed in utero to sex hormones (oral contraceptives, hormone withdrawal tests for pregnancy, or attempted treatment for threatened abortion). Some of these exposures were very short and involved only a few days of treatment. The data suggest that the risk of limb-reduction defects in exposed fetuses is somewhat less than 1 per 1,000. In the past, female sex hormones have been used during pregnancy in an attempt to treat threatened or habitual abortion. There is considerable evidence that estrogens are ineffective for these indications, and there is no evidence from well-controlled studies that progestogens are effective for these uses. If PREMARIN is used during pregnancy, or if the patient becomes pregnant while taking this drug, she should be apprised of the potential risks to the fetus, and the advisability of pregnancy continuation.

DESCRIPTION: PREMARIN (conjugated estrogens, USP) contains a mixture of estrogens, obtained exclusively from natural sources, blended to represent the average composition of material derived from pregnant mares' urine. It contains estrone, equilin, and 17α-dihydroequilin, together with smaller amounts of 17α-estradiol, equilenin, and 17α-dihydroequilenin as salts of their sulfate esters. Tablets are available in 0.3 mg, 0.625 mg, 0.9 mg, 1.25 mg, and 2.5 mg strengths of conjugated estrogens. Cream is available as 0.625 mg conjugated estrogens per gram.

INDICATIONS AND USAGE: PREMARIN (conjugated estrogens tablets, USP): Moderate-to-severe *vasomotor* symptoms associated with the menopause. (There is no evidence that estrogens are effective for nervous symptoms or depression without associated vasomotor symptoms and they should not be used to treat such conditions.) Osteoporosis (abnormally low bone mass). Atrophic vaginitis. Kraurosis vulvae. Female castration.

PREMARIN (conjugated estrogens) Vaginal Cream is indicated in the treatment of atrophic vaginitis and kraurosis vulvae.

PREMARIN HAS NOT BEEN SHOWN TO BE EFFECTIVE FOR ANY PURPOSE DURING PREGNANCY AND ITS USE MAY CAUSE SEVERE HARM TO THE FETUS (SEE BOXED WARNING).

Concomitant Progestin Use: The lowest effective dose appropriate for the specific indication should be utilized. Studies of the addition of a progestin for 7 or more days of a cycle of estrogen administration have reported a lowered incidence of endometrial hyperplasia. Morphological and biochemical studies of the endometrium suggest that 10 to 13 days of progestin are needed to provide maximal maturation of the endometrium and to eliminate any hyperplastic changes. Whether this will provide protection from endometrial carcinoma has not been clearly established. There are possible additional risks which may be associated with the inclusion of progestin in estrogen replacement regimens. (See PRECAUTIONS.) The choice of progestin and dosage may be important; product labeling should be reviewed to minimize possible adverse effects.

CONTRAINDICATIONS: Estrogens should not be used in women (or men) with any of the following conditions: 1. Known or suspected cancer of the breast except in appropriately selected patients being treated for metastatic disease. 2. Known or suspected estrogen-dependent neoplasia. 3. Known or suspected pregnancy (see Boxed Warning). 4. Undiagnosed abnormal genital bleeding. 5. Active thrombophlebitis or thromboembolic disorders. 6. A past history of thrombophlebitis, thrombosis, or thromboembolic disorders associated with previous estrogen use (except when used in treatment of breast or prostatic malignancy).

WARNINGS: Estrogens have been reported to increase the risk of endometrial carcinoma (see Boxed Warning). However, a recent large, case-controlled study indicated no increase in risk of breast cancer in postmenopausal women. A recent study has reported a 2- to 3-fold increase in the risk of surgically confirmed gallbladder disease in women receiving postmenopausal estrogens.

Adverse effects of oral contraceptives may be expected at the larger doses of estrogen used to treat prostatic or breast cancer or postpartum breast engorgement; it has been shown that there is an increased risk of thrombosis in men receiving estrogens for prostatic cancer and women for postpartum breast engorgement. Users of oral contraceptives have an increased risk of diseases, such as thrombophlebitis, pulmonary embolism, stroke, and myocardial infarction. Cases of retinal thrombosis, mesenteric thrombosis, and optic neuritis have been reported in oral contraceptive users. An increased risk of postsurgery thromboembolic complications has also been reported in users of oral contraceptives. If feasible, estrogen should be discontinued at least 4 weeks before surgery of the type associated with an increased risk of thromboembolism, or during periods of prolonged immobilization. Estrogens should not be used in persons with active thrombophlebitis, thromboembolic disorders, or in persons with a history of such disorders in association with estrogen use. They should be used with caution in patients with cerebral vascular or coronary artery disease. Large doses (5 mg conjugated estrogens per day), comparable to those used to treat cancer of the prostate and breast, have been shown to increase the risk of nonfatal myocardial infarction, pulmonary embolism, and thrombophlebitis. When doses of this size are used, any of the thromboembolic and thrombotic adverse effects should be considered a clear risk.

Benign hepatic adenomas should be considered in estrogen users having abdominal pain and tenderness, abdominal mass, or hypovolemic shock. Hepatocellular carcinoma has been reported in women taking estrogen-containing oral contraceptives. Increased blood pressure may occur with use of estrogens in the menopause and blood pressure should be monitored with estrogen use. A worsening of glucose tolerance has been observed in patients on estrogen-containing oral contraceptives. For this reason, diabetic patients should be carefully observed. Estrogens may lead to severe hypercalcemia in patients with breast cancer and bone metastases.

PRECAUTIONS: Physical examination and a complete medical and family history should be taken prior to the initiation of any estrogen therapy with special reference to blood pressure, breasts, abdomen, and pelvic organs, and should include a Papanicolaou smear. As a general rule, estrogen should not be prescribed for longer than one year without another physical examination being performed. Conditions influenced by fluid retention, such as asthma, epilepsy, migraine, and cardiac or renal dysfunction, require careful observation. Certain patients may develop manifestations of excessive estrogenic stimulation, such as abnormal or excessive uterine bleeding, mastodynia, etc. Prolonged administration of unopposed estrogen therapy has been reported to increase the risk of endometrial hyperplasia in some patients. Oral contraceptives appear to be associated with an increased incidence of mental depression. Patients with a history of depression should be carefully observed. Pre-existing uterine leiomyomata may increase in size during estrogen use. The pathologist should be advised of estrogen therapy when relevant specimens are submitted. If jaundice develops in any patient receiving estrogen, the medication should be discontinued while the cause is investigated. Estrogens should be used with care in patients with impaired liver function, renal insufficiency, metabolic bone diseases associated with hypercalcemia, or in young patients in whom bone growth is not yet complete. If concomitant progestin therapy is used, potential risks may include adverse effects on carbohydrate and lipid metabolism.

The following changes may be expected with larger doses of estrogen:

a. Increased sulfobromophthalein retention
b. Increased prothrombin and factors VII, VIII, IX, and X, decreased antithrombin 3; increased norepinephrine-induced platelet aggregability
c. Increased thyroid binding globulin (TBG) leading to increased circulating total thyroid hormone, as measured by PBI, T_4 by column, or T_4 by radioimmunoassay. Free T_3 resin uptake is decreased, reflecting the elevated TBG, free T_4 concentration is unaltered.
d. Impaired glucose tolerance
e. Decreased pregnanediol excretion
f. Reduced response to metyrapone test
g. Reduced serum folate concentration
h. Increased serum triglyceride and phospholipid concentration

As a general principle, the administration of any drug to nursing mothers should be done only when clearly necessary since many drugs are excreted in human milk.

Long-term, continuous administration of natural and synthetic estrogens in certain animal species increases the frequency of carcinomas of the breast, cervix, vagina, and liver. However, in a recent, large case-controlled study of postmenopausal women there was no increase in risk of breast cancer with use of conjugated estrogens.

ADVERSE REACTIONS: The following have been reported with estrogenic therapy, including oral contraceptives: breakthrough bleeding, spotting, change in menstrual flow, dysmenorrhea; premenstrual-like syndrome; amenorrhea during and after treatment, increase in size of uterine fibromyomata, vaginal candidiasis, change in cervical erosion and in degree of cervical secretion, cystitis-like syndrome; tenderness, enlargement, secretion (of breasts), nausea, vomiting, abdominal cramps, bloating; cholestatic jaundice; chloasma or melasma which may persist when drug is discontinued; erythema multiforme; erythema nodosum, hemorrhagic eruption, loss of scalp hair; hirsutism; steepening of corneal curvature; intolerance to contact lenses; headache, migraine, dizziness, mental depression, chorea, increase or decrease in weight; reduced carbohydrate tolerance, aggravation of porphyria; edema; changes in libido.

ACUTE OVERDOSAGE: May cause nausea, and withdrawal bleeding may occur in females.

DOSAGE AND ADMINISTRATION:

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1. *Given cyclically for short-term use only.* For treatment of moderate-to-severe *vasomotor* symptoms, atrophic vaginitis, or kraurosis vulvae associated with the menopause (0.3 mg to 1.25 mg or more daily). The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible. Administration should be cyclic (eg, three weeks on and one week off). Attempts to discontinue or taper medication should be made at three- to six-month intervals.
2. *Given cyclically:* Osteoporosis. Female castration. Osteoporosis —0.625 mg daily. Administration should be cyclic (eg, three weeks on and one week off). Female castration—1.25 mg daily, cyclically. Adjust upward or downward according to response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control.

Patients with an intact uterus should be monitored for signs of endometrial cancer and appropriate measures taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

PREMARIN® Brand of conjugated estrogens Vaginal Cream

Given cyclically for short-term use only. For treatment of atrophic vaginitis or kraurosis vulvae.

The lowest dose that will control symptoms should be chosen and medication should be discontinued as promptly as possible.

Administration should be cyclic (eg, three weeks on and one week off).

Attempts to discontinue or taper medication should be made at three- to six-month intervals.

Usual dosage range: 2 g to 4 g daily, intravaginally, depending on the severity of the condition.

Treated patients with an intact uterus should be monitored closely for signs of endometrial cancer and appropriate diagnostic measures should be taken to rule out malignancy in the event of persistent or recurring abnormal vaginal bleeding.

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special feature

Physicians find business education helpful

Michael R. Greenberg, MD, MBA

In 1963 when I was preparing to enter college, I was given the usual battery of career aptitude tests. During orientation in my first week of college, the vocational counselors, on reviewing the test results, advised that I consider enrolling in a business curriculum. I wanted to be a doctor! How could an afternoon of tests predict a career choice? I was determined to become a physician. After two years of college as a biochemistry major, I entered the George Washington University School of Medicine.

After medical school and a surgical internship, I was uncertain on the selection of a specialty. I spent a year in emergency medicine and then joined an older general practitioner with a busy obstetrical practice. My practice flourished and the association grew. The group merged with another multispecialty group practice. The new larger group, lacking management focus, required a reorganization. During the reorganization I became the group's managing partner by default—I was the only physician with an interest in the business aspect of group medical practice. Slowly the group regained focus, becoming a well-known, well-respected organization with 16 physicians, four clinics, extensive outpatient diagnostic and therapeutic capabilities, and a sophisticated information system. The evolution of the group progressed and, in the spring of 1986, a merger-divestment with a large medical organization was consumated.

Throughout the group's growth phase, I was compelled to learn, on a practical level, concepts of accounting, finance, health care economics, organizational behavior, marketing, and management information systems. I was becoming increasingly fascinated with business. My business interests extended beyond the group practice; I became involved in other ventures, primarily in systems design and finance. I gradually realized the importance of a formal business education. The realization was enhanced by older associates in group practice management who advised that the future leaders in medicine would not merely have on-the-job training, but also academic credentials. And, if the credentials were to be truly valuable, the education would have to occur at a major business school.

Considering my commitments, I could not possibly "drop out" for a traditional two year MBA program. I contacted 10 major business schools in the hopes of finding a suitable opportunity. I discovered the Executive MBA program at the Wharton School of the University of Pennsylvania. In addition to its reputation as one of the finest business schools in the world, Wharton's location in Philadelphia is only a four hour drive from my home in central Pennsylvania.

Wharton's requirements are stringent—10 years in business, seven years in management, minimum age of 30, annual salary of at least $40,000, company support, and a reasonably high score on the GMAT (the business school equivalent of the MCAT). Having met the requirements, I was accepted for the class to begin in the summer of 1985.

The program is conducted every other weekend (all day Friday and Saturday) for two years. There are two full weeks each summer and one week in a foreign country in the final semester. The diverse backgrounds of the class provide for a true educational leavening. In my class there are 10 CPA's, five attorneys, a few PhDs (in various disciplines), some engineers, one other physi-

Dr. Greenberg is a family practitioner in Lock Haven.

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cian, and many bankers. Over a third of the class are women.

The educational process is not unlike medical school—you start with the basics and then relearn the same subjects from various perspectives. In medical school it was anatomy, biochemistry, physiology, microbiology, pathology, and pharmacology followed by medicine, surgery, pediatrics, obstetrics, and psychiatry. In business school it is accounting, economics, organizational behavior, statistics, finance, and marketing followed by corporate and international finance, strategic planning, mergers and acquisitions, investment management, multinational corporations, and entrepreneurship. Business, like medicine, is not an isolated discipline. Both endeavors are an integration of many areas of study not readily cataloged in practice. A physician cannot adequately treat pneumonia without a thorough understanding of many basic subjects. Likewise, a manager cannot adequately plan for an increase in plant capacity or a diversification without a thorough comprehension of many business basics.

One major difference between medical and business education is the examination process. In medical school, tests are objective with many variations of the multiple choice question. Business school exams tend to be more subjective—usually just a mimeographed sheet with problems and two or three blue books for analysis. Though Wharton is known as a quantitative school, there are frequent cases for analysis outside of class. In addition to the 14 to 16 hours of classes every other week, another 15 to 20 hours must be spent reading and studying at home each week.

In business school, a team approach to learning, similar to the medical school clerkship groups that rotate through the specialties together, is encouraged. In both professions, the amount of material is prohibitively voluminous for an individual to proceed in isolation. The team concept with individuals from diverse backgrounds and with varied interests is particularly important in advanced courses with multifaceted complex cases. The friendships that have developed have provided some unique business opportunities—a PhD chemist, a banker, and an information systems manager are presently negotiating a leveraged buyout of a high-tech cell research subsidiary.

I am frequently asked why a successful physician with a proven track record in business would want to go to business school. At first, I responded by saying that academic credentials are necessary to deal effectively with the business community; business professionals usually doubt, and perhaps rightfully, a physician's business judgment. Having completed the program, I realize that my initial concept of pursuing a business education for academic legitimacy was inadequate. I utilize the skills that I have learned on a daily basis. Similar to medical training, a business education does not merely provide solutions, but rather a systematic approach to solving problems. □

Several days a week, Dr. Kenneth Schultz puts in 12-hour days, seeing patients from 7 a.m. to 7 p.m. In between patients, you may find him poring over a statistics textbook or wrestling with a problem in economics.

For Schultz, director of the department of emergency and trauma medicine at Harrisburg's Polyclinic Medical Center, it's all in a day's work—at least for another year. Last September, he enrolled in Temple University's Executive MBA program, a two-year program that allows working professionals to get the advanced degree without career interruption.

"With changes in medicine and medical economics I decided an MBA would be beneficial to me. I'm already involved in the administrative aspects of emergency medicine, and it's my goal to become more involved," said Schultz, who estimates that he divides his time equally between patient care and administrative duties—about 1,000 hours a year on each. More than 50 physicians, nurses, paramedics, and technicians comprise his department at Polyclinic Medical Center, a full-service critical care hospital with a teaching affiliation at Penn State's Hershey Medical Center.

Temple's Executive MBA classes meet one day a week on alternate Fridays and Saturdays during two fall and two spring semesters and during the summer each year, unlike the traditional part-time graduate program that can entail four to six years of evening courses. The site for the program is Sugar Loaf, Temple's scenic and secluded Albert M. Greenfield Conference Center.

"For me, the program has worked beautifully," the Harrisburg physician said. "It enables me to continue full time in my practice and get an MBA in two years without significantly affecting my family life. And as an administrator, I have already used much of what I have learned.

"Even the time I spend commuting is worthwhile—it's the only time each week I can be alone. I look forward to that time, to think."

The Executive MBA course content is totally distinct from that of traditional MBA curricula, program director Kate Megan said. "We recognize the students' maturity and experience and design courses to meet the special educational needs of those already in managerial positions."

Included in the curriculum are market planning, strategies for international business and human resources, information systems design, strategic management communications skills, financial markets, and the law and business decisions.

Each incoming class stays together as a group, taking courses in sequence, to foster greater interaction and professional give-and-take. "Attending smaller classes with mature adults who bring a wide range of backgrounds and experience vitalizes class discussions," Schultz said.

The busy Harrisburg practitioner admits the demands of studying have meant he's had to forgo any reading for pure pleasure, and this summer the weeds outnumber the tomato plants in his vegetable garden. "I work, I spend time with my family, and I study. My wife's been very understanding, and she recognizes that there's only one more year to go."

A grounding in business is becoming an increasingly valuable commodity for physicians, Schultz noted. "Physicians themselves are recognizing this, and employment ads in medical journals are suggesting that an MBA would be 'of benefit.' In the future, it may be a necessity." □

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CODEINE	X	X	X	X	X
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Blank space indicates that no such activity has been reported.

Table adapted from Facts and Comparisons (Nov.) 1984 and Catalano RB. The medical approach to management of pain caused by cancer. "Semin Oncol" 1975; 2; 379-92 and Reuler JB, et. al. The chronic pain syndrome: misconceptions and management. "Ann Intern Med" 1980; 93; 588-96

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Special Risk Patients: VICODIN should be used with caution in elderly or debilitated patients and those with severe impairment of hepatic or renal function, hypothyroidism, Addison's disease, prostatic hypertrophy or urethral stricture.
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Nursing Mothers: It is not known whether this drug is excreted in human milk; therefore, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother.
Pediatric Use: Safety and effectiveness in children have not been established.
ADVERSE REACTIONS:
Central Nervous System: Sedation, drowsiness, mental clouding, lethargy, impairment of mental and physical performance, anxiety, fear, dysphoria, dizziness, psychic dependence, mood changes.
Gastrointestinal System: Nausea and vomiting may occur; they are more frequent in ambulatory than in recumbent patients. Prolonged administration of VICODIN may produce constipation.
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Revised, April 1982 5685

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Tax reforms affect retirement plans

The Health Care Group

By now it is well-known that the Tax Reform Act of 1986 (TRA '86) will have a significant impact on retirement plans. While most physicians have heard of changes pertaining to distributions, voluntary contributions, and plan loans, many are unclear as to when these changes will take place and what needs to be done to comply with the new law.

A common misconception is that TRA '86 changes will not impact on plans until 1989. This is true to a certain extent, but there are many new rules that became effective beginning in 1987 (and even earlier). Physicians must be aware of changes in the law that pertain to the continued tax qualification of their retirement plans and operate the plans in compliance with them. This will be difficult if plans are not formally amended even though the law does not require written changes to the plan until 1989. Thus, physicians must either learn the law and operate plans accordingly or amend their plans and follow the rewritten provisions.

Detailed below are the most significant retirement plan changes brought about by TRA '86 that need to be addressed by physicians and their plan advisors before 1989.

Money purchase pension plans

Under prior law, forfeitures under a tax qualified money purchase pension plan were required to reduce future employer contributions or to defray administrative cost. Forfeitures occur when an employee who is less than 100 percent vested in his/her accrued benefit terminates plan participation. TRA '86 provides that for plan years beginning after December 31, 1985, forfeitures under a money purchase plan may also be used to increase the benefit of participants. This option to either reduce employer contributions or to reallocate currently applies to profit sharing plans.

Physicians should consider this option carefully before amending their money purchase plan to permit reallocation upon a forfeiture. Forfeitures are to be treated as "annual additions" and thus will count against the maximum allowable contribution limit (25 percent of pay or $30,000). Thus if a physician is receiving the present maximum allowable contribution, none of the forfeited amount may be reallocated to that physician. Instead, most, if not all, of the benefit gained by a forfeiture will inure to the lower paid participants who have typically not received the maximum allowable contribution. On the other hand, this change may be helpful where doctors do not routinely contribute the maximum $30,000 or 25 percent of compensation since it permits a slightly greater benefit without additional cost.

Voluntary contributions

Beginning in 1987, TRA '86 has eliminated deductible qualified voluntary employee contributions (QVECs). QVECs were essentially IRAs within a retirement plan and were made in lieu of IRA contribution outside the plan. All retirement plans should now be amended to eliminate QVECs as an option.

The rules pertaining to nondeductible voluntary employee contributions also have been changed. In the past, the ability to make nondeductible voluntary contributions had been one of the most useful features of physicians' retirement plans. Unfortunately, TRA '86 has effectively eliminated voluntary contributions for most physicians. Now all after-tax employee contributions count toward the 25 percent of pay/ $30,000 contribution limit. Employee voluntary contributions, if made, offset permissible employer contributions dollar for dollar; thus, if a physician has been fully funding his/her plan through employer contributions, no voluntary contributions would be permitted. This change is effective for plan years beginning in 1987.

Even if a physician has not reached the maximum contribution limits, after-tax voluntary employee contributions may still be precluded by a series of non-discrimination rules included in the new law. New voluntary employee contributions may be made only by highly compensated employees if they are within permitted ratios of lower compensated individuals' voluntary contributions. Thus, if a physician's staff is not making any voluntary contributions, then the doctor would be prohibited from making such contributions.

Even if a physician is permitted to make voluntary employee contributions, it might not be advisable to do so. Beginning in 1987, if an employee withdraws his/her voluntary contributions, the distribution will be considered in part a return of the principal, which is non-taxable, and in part a return of earnings on those contributions, which are taxable. In the past, no portion of the principal amount of withdrawn voluntary contributions was taxable.

The new law does not apply, however, to employee contributions made prior to January 1, 1987, to the extent that, on May 5, 1986, the plan permitted withdrawals of voluntary contributions.

Note also that the 10 percent penalty tax on early distributions before age 59½ (described below) would apply also to the taxable portion of the withdrawal of the voluntary contributions. There is also a question whether an additional 10 percent tax provided in the new law on distributions received by a five-percent owner that are in excess of the benefits provided for under the plan formula would apply. There is no guidance yet on this additional 10 percent tax, but until regulations are issued, it argu-

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ably applies to withdrawals of voluntary contributions.

To avoid confusion, plan language needs to be clear on whether voluntary employee contributions will be permitted. It would make sense to eliminate this option from the plan, unless the physician is not receiving the maximum allowable employer contribution and the lower paid employees are making after-tax voluntary contributions. Further, if there would be a need to withdraw the contributions prior to retirement, then such contributions probably are not advisable.

Loans

Effective for plan loans made after December 31, 1986, the maximum borrowing limit of $50,000 has been changed to $50,000 less the largest plan loan balance outstanding during the one year period before the date of the loan. TRA '86 also provides that plan loans will be treated as a distribution from the plan unless it provides for substantially level amortization with payments made at least quarterly over the term of the loan. In addition, any loan made, renegotiated, or extended after December 31, 1986, can only have a payment period longer than five years if the loan is used to acquire a principal residence for the participant only, so loans to renovate or construct a principal residence must now be paid within five years.

Traditionally, the interest paid on loans taken from the retirement plans has been deductible for federal income tax purposes. However, for any loan made, renegotiated, or extended after December 31, 1986, there will be no interest deduction for physicians or other "key employees." If a loan was already outstanding as of December 31, 1986, the interest may be partially deductible over the next few years under the so called "personal" interest rules. However, if the loan had been secured by mortgage on a principal or second residence before January 1, 1987, then the full interest deduction may still be allowable under other "home mortgage" interest rules.

Loans from retirement plans clearly are not as desirable as they once were. Physicians usually can obtain home equity loans with commercial lenders fairly readily with the interest paid usually being fully deductible. For some physicians, however, maintaining a plan borrowing provision is important from the standpoint of added flexibility. Plan loans could also be an excellent low-cost benefit for non-physician employees.

Plan year changes

It is now well recognized that TRA '86 requires most partnerships and "personal service" corporations to change to a calendar tax year. While proposed legislation may eliminate or at least delay this requirement, passage is uncertain at this juncture. The new law does not require retirement plans to have the same year as the physician's professional corporation or partnership. However, for administrative and accounting efficiency as well as for tax and financial planning reasons, having the plan year correspond with the fiscal year of the employer often makes good sense.

The change to a calendar year will result in a "short" fiscal year ending December 31, 1987, for professional corporations and partnerships previously on a different fiscal year. Contributions for the short year should still be made according to the plan's terms. If the plan is integrated with Social Security, then the integration level should be prorated based on the number of months in the "short" fiscal year. The maximum contribution limits, however, will become the lesser of 25 percent of pay or the pro rata amount of the $30,000 limit, based on the number of months in the "short" fiscal year. For example, a "short" fiscal year running from August 1 to December 31 will leave a physician with a maximum contribution limit of the lesser of 25 percent of pay—or $12,500 (5/12 of $30,000).

Most retirement plans should be amended to adopt a calendar year. A switch to a calendar year will change the plan's entry dates for participation and will affect how "years of service" are calculated for vesting and eligibility purposes. If the plan provides for "graded" vesting, then a participant's "years of service" for vesting could possibly be accelerated. This possible negative consequence of a short plan year should be closely examined in any decision to adopt a calendar year.

Profit sharing plans

A qualified profit sharing plan traditionally has required that employer contributions be made out of current or previously accumulated profits. TRA '86 changed this rule effective for plan years beginning after December 31, 1985. Employer contributions to a profit sharing plan are now not limited to employers' current or accumulated profits. Thus, contributions can be made to a profit sharing plan even if it creates a loss and there are no retained earnings.

This new provision makes retirement plan funding more flexible than in years past and allows for consistent year to year contribution unhampered by a poor financial year or immediate cash flow demands of the practice. However, simply because the law now permits profit sharing plan contributions in excess of available profits, it does not mean that every doctor should take advantage of this provision. Certainly a practice that in the past has not been able to fund a full plan contribution, should not now fully fund its profit sharing plan simply because the law permits it. Serious consideration should also be given to not making a profit sharing contribution, given the historically low tax rates effective in 1988 and instead to receiving what would have been a profit sharing contribution as additional compensation.

While it is clear that this is not a mandatory change to maintain qualification, taking advantage of this provision without a formal plan amendment may leave the employer open to charges of not operating the plan in accordance with its terms.

Another change made by TRA '86 applies to physicians who maintain only a profit sharing plan. Under prior law, if a qualified profit sharing plan was funded with less than the legally allowed maximum contribution, the unused amount could be "carried forward" to the following year, allowing a deduction of up to 25 percent in that year. The new law limits this option and does not permit the "carry forward" of any portion not utilized in prior years. The law, however, does carve out an exception for "carry forwards" accumulated for tax years beginning before January 1, 1987.

Defined benefit plans

TRA '86 has had a great impact on defined benefit plans. Physicians sometimes have been able to accumulate large amounts of monies over a very short period of time through a defined benefit plan. Prior to TRA '86, a defined benefit plan could set an age 55 retirement target and still fund for a $75,000

annual benefit. For plan years beginning in 1987, under the new law, a retirement age of 55 will result in funding for a much smaller benefit (a yearly pension of only $35,000 to $45,000). It would be well to review any defined benefit retirement program. Even with an age 65 retirement date maximum fund accumulations are effectively limited to a total accumulation of about $1.2 million. Particularly in view of the reduced benefit accumulation limits for retirement dates below age 65, defined contribution plans (money purchase pension and/or profit sharing) may present a more attractive alternative. A defined benefit plan that has been in existence for some time and that has a retirement age less than 65 should be analyzed carefully, and termination of the plan seriously considered.

If a plan has been overfunded, then any assets reverting back to the employer on account of the plan's termination will now be subject to a 10 percent excise tax. If the excess assets are reallocated to the plan participants, then any five-percent owner may also be subject to an additional 10 percent tax on the amount by which distribution of the excess assets exceeds the plan formula.

Distributions

New rules concerning plan distributions from retirement plans are quite complex. Physicians contemplating a distribution should consult their pension advisors. Information to all participants receiving plan distributions must be amended to describe the new distribution rules accurately.

Early distributions

TRA '86 continues and expands the 10 percent tax penalty on a distribution made from a qualified retirement plan to a participant before age 59½. Prior to TRA '86 there was an additional 10 percent tax on early distributions from a qualified plan only to a five-percent owner of the employer. Effective for 1987, Congress extended the penalty tax to all participants to discourage early withdrawals and to recapture a measure of the tax benefits provided through tax favored retirement arrangements. For physicians who took an early distribution before December 31, 1986, amounts accrued prior to January 1, 1985, are not subject to this penalty tax. An amended return may be appropriate if this tax has already been paid.

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The new law carves out several other exceptions. Distributions taken on account of death or disability of the participant; distributions that do not exceed deductible medical expenses; distributions that are part of a series of substantially equal periodic payments based on the life of the employee or the joint lives of the employee and his or her beneficiary; and distributions made pursuant to a qualified domestic relations order (QDRO) are not subject to the 10 percent tax. Of course, amounts rolled over to an IRA or transferred to another qualified plan are also exempt from the penalty tax.

Another important exception relates to distribution upon actual separation from service after the participant has attained age 55 and has met the plan's requirements for early retirement. Thus, this exemption would not apply to a participant who separates from service at age 52 and begins receiving benefits at or after age 55.

In a separately issued notice, however, the IRS has indicated that the exception for distributions made after age 55 will apply regardless of whether a plan includes an early retirement provision. Until the law has been formally changed, however, physicians should

consider amending their plans to provide for an early retirement age of 55, in addition to the normal retirement age of 65. So as not to encourage employees to retire prematurely or to avoid fully vesting employees (who might otherwise not be fully vested) at early retirement, plans might provide an additional requirement of a minimum of 10 or 15 years of service with the employer before becoming eligible for early retirement. The early retirement concept should be discussed with your pension advisor and plans amended accordingly. Be aware, however, that lowering the retirement age in defined benefit plans could seriously reduce a physician's funding limits.

Excess distribution

TRA '86 also imposes a new excise tax on certain "excess" retirement distributions received in a single year. Effective for distributions made after December 31, 1986, a 15 percent excise tax is imposed on annual annuity type distributions in excess of $112,500 (to be indexed with inflation for future years). The "excess distribution tax" also applies to lump sum payments in excess of $562,500. Amounts distributed from all qualified retirement plans, qualified annuity plans, IRAs, and tax-sheltered annuities are combined to determine the total annual distribution.

Certain distributions, however, are excluded from this tax. These include: distributions after death; distributions payable to an employee's spouse or former spouse under a QDRO; distributions attributed to after-tax employee voluntary contributions; and distributions not included in income by reason of a rollover contribution. The tax also will be reduced by the amount of any payment of the previously discussed 10 percent penalty tax on early distribution.

There is also a special transitional rule that applies if a participant's accrued benefit on August 1, 1986, exceeded $562,500. Such a participant may elect to be covered by a special "grandfather" rule that exempts from tax the benefit accrued as of August 1, 1986. The "grandfathered" amounts are treated as if received on a pro rata basis and are taken into account to determine whether the $112,500 limit is exceeded.

Under the pro rata rule, the portion of a distribution not subject to the excise tax is determined by multiplying the distribution by a fraction equal to the grandfathered amount (account balances or accrued benefits as of August 1, 1986) over the accrued benefit on the date of distribution.

For example, Dr. Erving received a partial distribution of retirement benefits of $250,000 on December 1, 1987. Assume Dr. Erving's "grandfathered" amount is equal to 80 percent of his accrued benefit as of December 1, 1987. So under the "grandfather" rule, $200,000 (80 percent of $250,000) is exempt from tax. The remaining $50,000 is subject to the 15 percent excise tax.

To take advantage of this "grandfather" rule, a special election must be made on a personal tax return filed for any year beginning before January 1, 1989. If an individual with an accrued benefit of over $562,500 as of August 1, 1986, does not elect to take advantage of this "grandfather" provision, he or she will then have an annual non-lump sum limit set at the greater of $150,000 or $112,500 (as indexed) and a lump sum limit of at least $750,000.

While excess distributions made after death are exempt from this 15 percent excise tax, a new 15 percent estate tax is imposed on the individual's excess retirement accumulation. Therefore, a physician's excess accumulations are taxed at 15 percent either during his or her lifetime or at death.

Forms of distributions

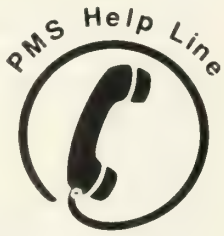
TRA '86 also changed the rules providing favorable tax treatment for lump sum distributions. Effective January 1, 1987, 10-year forward averaging is repealed for those persons born after December 31, 1935. The new law permits a one-time election of five-year forward averaging for a lump sum distribution received on or after age 59½.

Physicians born before January 1, 1936, will have the option of utilizing the old 10-year averaging rules using 1986 tax rates, or the new five-year averaging at current tax rates for a single lump sum before or after age 59½.

The rules allowing an employee to elect capital gain treatment for the pre-1974 portion of a distribution will be phased out over a five-year period beginning January 1, 1987. There is also a transitional rule that allows an employee who has attained age 50 before January 1, 1986, to elect the capital gain treatment for the pre-1974 portion of a single lump sum distribution, at a 20 percent tax rate, whether or not that participant has attained age 59½.

Summary

Physicians and their advisors can look forward to even more major changes in the retirement plan arena beginning in 1989. For now, however, attention should focus on the variety of new rules established by TRA '86 effective this year. Not only the plan, but its related documents, should be brought up to date to help assure compliance with the new law. □



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Compliance with recommendations for early detection of cancer

Fred Laufer, MD
Maria Santullo

Morbidity due to cancer can be reduced significantly with early cancer detection and treatment. The American Cancer Society has set forth recommendations for early cancer detection in asymptomatic people. This study evaluates patient compliance with these recommendations through a questionnaire distributed in the offices of family physicians.

Invasive cancer has been shown to be responsible for 21.9 percent of all deaths in the United States, with an estimated 472,000 Americans dying of cancer in 1986.[1] Of children born in 1985, one in four males and one in five females will eventually die of cancer.[2] As the second leading cause of death in the U.S. (heart disease being the first), much work has been done in the early detection of cancer and its treatment. Consequently, the average five-year survival rate for cancer patients newly diagnosed in 1985 is 50 percent.[2] However, for early cancer detection programs to be successful, physicians must be aware of and follow the recommendations closely. But even the best program remains unworkable if the patients fail to follow their physicians' advice. This study evaluates patient compliance with recommendations as set forth by the American Cancer Society (ACS) for early cancer detection in asymptomatic people.[3] Areas of increased risk due to poor compliance can then be identified, so that patient educational programs can be targeted to bring about better compliance.

Methods

A sample of 300 persons were given an anonymous and confidential questionnaire, of which 229 were satisfactorily completed and returned. The questionnaire was distributed in the offices of family physicians who practiced in and around Allentown, Pennsylvania. The data was collected over a period of three months and represents a random sampling of 73 men and 156 women. The minimum age for the study was 20 years. All patients answered the first part of the questionnaire, which included age, sex, and how often the patients had a physical exam (including rectal exam), sigmoidoscopy, and stools tested for occult blood.

The second part of the questionnaire had separate questions for men and women. Women were asked how often they performed breast self-exam, how often their doctor examined their breasts, and how frequently they had mammograms, internal exams, and Pap tests. They were also asked if and when they ever had an endometrial biopsy. Men were asked how often they performed testicular self-exam and how often their doctor examined their testicles. Using the recommendations set forth by the American Cancer Society for sex and age, the answers were scored as either compliant with ACS recommendations or noncompliant.

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Results

The results are shown in Table 1. Approximately half of the men and women surveyed had regular physical exams. Compliance was less for sigmoidoscopy and stool occult blood testing. In general, though, men were more compliant in these areas than women.

Among women, 39% were found to be compliant with breast self-exam (BSE), whereas 76% were compliant with breast exams by their physicians. Compliance with internal exams and Pap tests were high, but there was poor compliance with mammography. Endometrial biopsy was reported as having been performed on 36% of women, but often what they actually had was a dilitation and curettage.

There was poor compliance among men for testicular self-exam (19%), and only 37% had regular testicular exams by their doctors.

Discussion

These results show that the overall compliance with ACS recommendations is generally poor. In areas where the patient plays a more passive role, such as physician breast exam, internal exam, and Pap test, there was better compliance. However, where the patient was required to play a more active role, com-

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pliance was very poor; only 18% of women had mammography done correctly, only 39% did BSE, and only 19% of men did testicular self-exam.

Several earlier studies have looked at patient compliance with certain cancer screening tests and recommendations. In a breast cancer screening project conducted between 1978–1980, of 1,822 women screened, 561 were found to meet the criteria for routine mammography and were referred for the test. There was an overall compliance rate of 44.6% among those referred for mammography.[4] Furthermore, 1,029 women were referred for follow-up evaluation based upon abnormal physical exams, mammography reports, or Pap smears. Of these, the compliance rate was 45.5%.[5] In our study, the compliance rate for mammography was 18%. Although many women in the study had mammograms on an irregular basis, they were scored as noncompliant because they did not strictly follow ACS guidelines. This resulted in a rather low compliance rate for mammography.

TABLE 1

Patient Compliance with Recommended Screening Tests

	% Women	% Men
Physical exams	48	53
Sigmoidoscopy	30	45
Stool occult blood	27	37
Breast self-exam	39	—
Doctor breast exam	76	—
Mammography	18	—
Internal exam	71	—
Pap test	82	—
Endometrial biopsy	36	—
Testicular self-exam	—	19
Doctor testicular exam	—	37

With regards to breast self-exam, it has been estimated that at least 95% of women know of BSE, but only 25% practice it monthly and 25% do not examine themselves at all.[6,7] The practice of BSE was explored through personal interviews in a study of women with diagnosed breast cancer. Prior to the discovery of breast cancer, 22% of the women practiced BSE. However, after the diagnosis of cancer, and despite physician recommendations, only 43% were practicing BSE monthly.[8] The compliance rate of 39% found in this study of BSE is slightly higher than the 25% compliance rate described above.

In an Australian study, 581 patients were offered free fecal occult blood testing (Hemoccult II) by their primary care physicians. Eighty-six percent accepted the offer, but of these only 51% complied by returning the cards.[9] Another study was done in Denmark, in which free Hemoccult II slides were sent to 685 people by mail; the compliance rate here was 67%.[10] Similar studies done in the United Kingdom resulted in compliance rates of 33–45%, and in the United States of 13–31%.[9,10] This is comparable to the compliance rates for fecal occult blood testing found in this study (27% for women and 37% for men).

Several reasons have been proposed for the lack of compliance among patients. Cost and the fear of radiation inhibit some women from obtaining mammograms.[4] Also, the lack of symptoms or physical findings on examination give some women a false sense of security.[5] Low compliance with BSE was related to increasing age, lack of knowledge about breast cancer or the technique, and the idea that preventative measures, such as diet, exercise, and stress management were more important for health than early cancer detection.[7,8] There were also some women who felt that BSE was a "non-medical" measure and that a yearly exam by their physician was sufficient to detect

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any new problems.[8]

It was found that increasing age decreased compliance with stool occult blood testing, as did debilities such as poor eyesight and arthritis.[10] Also, better compliance was obtained in those with gastrointestinal symptoms or with close relatives having bowel cancer.[9] It is also possible that since many women use their gynecologist as their primary care physician, they are not receiving stool occult blood testing or sigmoidoscopy along with their Pap tests and internal exams.

Early cancer detection programs could have a significant impact on the cancer death rate. For example, it has been estimated that 88% of breast cancers, 75% of colorectal cancers and 50% of all cancers could be cured with early diagnosis and treatment.[11,12] The results shown in this study point out areas where patient compliance is lacking. To improve compliance, patients will need to be educated as to the importance and benefits of early cancer detection programs. They must also be taught the proper techniques for self-examination. Personal instruction by the doctor or nurse, demonstrations using models, encouragement from spouses, reminders using postcards or calendar markers, and reinforcement are all helpful for increasing compliance.[6,7] Finally, physicians, whose observance of ACS guidelines range from 11 to 80 percent, must also take a more active role in cancer prevention.[3] □

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Hodgkin's lymphoma presenting as lung abscess

Robert G. Pickerill, MD
Peter D. Kaplan, MD
John G. Shively, MD
George J. Magovern, MD

This article describes a case of intrathoracic relapse occurring 11 years after radiation therapy for Stage II-B nodular sclerosis Hodgkin's lymphoma presenting as two large right lower lobe cavitary lung lesions with air-fluid levels. It is important to obtain a tissue diagnosis in patients with Hodgkin's disease with parenchymal changes who do not have clinically or radiographically evident lymphadenopathy.

Clinical studies have demonstrated that up to 50 percent of patients with Hodgkin's lymphoma develop radiographic evidence of lung involvement at some time during the course of the disease, while only 10 to 15 percent of the patients will have evidence oı parenchymal involvement at initial presentation.[1,2]

Although the initial diagnosis of Hodgkin's lymphoma of the lung may be apparent when adenopathy is present, the recognition of relapse may be difficult as pulmonary involvement without adenopathy can occur at anytime during the course of the disease.

In this report, we describe a case of intrathoracic relapse 11 years after radiation therapy for Stage II-B nodular sclerosis Hodgkin's lymphoma presenting as two large right lower lobe cavitary lesions with air-fluid levels mimicking the radiographic appearance of lung abscess.

Case Report

A 21-year-old woman was found to have nodular sclerosis Hodgkin's lymphoma by a right cervical lymph node biopsy in May 1970 after she presented with a two to three month history of fever, night sweats, weight loss, and pruritus. Physical examination revealed several other areas of lymphadenopathy including a 5 × 6 cm conglomerate mass in the left supraclavicular area as well as enlarged lymph nodes in the left axilla and right supraclavicular area. Chest tomograms demonstrated mediastinal and hilar adenopathy. Her disease was classified as Stage II-B Hodgkin's lymphoma after a negative staging laparotomy including splenectomy, liver biopsy, and bone marrow examination. Complete remission was achieved with extended field radiation of 4200 Rads to the upper mantle area and 4000 Rads to the para-aortic area.

Subsequent periodic examination during the next ten years showed no evidence of relapse. In April 1981, a routine chest x-ray (figure 1) revealed two large (6–7 cm in diameter) right lobe cavitary lesions with air-fluid levels. She had noted mild right pleuritic chest pains and non-productive cough during the previous few weeks, but denied fever, chills, night sweats, or weight loss. Physical examination was normal.

She was hospitalized for further evaluation and underwent bronchoscopic examination. No endobronchial lesions were visualized, but purulent secretions were seen in the right lower lobe bronchus. Under fluoroscopic control, a polyvinyl catheter was advanced into the right lower lobe cavity and 40 ml of odorless brownish fluid was aspirated. Many neutrophils but no organisms were seen on gram stain. Subsequent bacterial and fungal cultures were sterile. No malignant cells were seen on cytologic examination of the bronchial washings. While awaiting the culture results, she was treated empirically for anaerobic lung abscess with penicillin for three weeks. However, there was no improvement and she was rehospitalized. Her symptoms and examination were unchanged except for the recent onset of generalized pruritus. Transbronchial lung biopsies from the right lower lobe cavitary lesions were not diagnostic, although recurrent Hodgkin's lymphoma was clinically suspected. Gallium scan of the thorax showed increased uptake only in the area of the right lower lobe lesions. Serum copper levels were decreased at 54 and 66 mcg/dl (normal range 85–155 mcg/dl). Hemoglobin was normal and WBC and 8500 with 52% neutrophils, 18% lymphocytes, 15% monocytes, 5% atypical lymphocytes, and 9% eosinophils. Liver function tests were normal. Due to the lack of a definitive tissue diagnosis and the large size of the cavitary lung lesions, a thoracotomy was advised. A right lower lobectomy was done on June 18, 1981. No mediastinal or hilar adenopathy was found. Histologic examination of the resected lung was consistent with Hodgkin's lymphoma (figure 2). CAT scan of the thorax, abdomen, and pelvis, as well as bone marrow examination, did not reveal any other areas of lymphoma. She

Dr. Pickerill is a pulmonary disease specialist in Johnstown. Drs. Kaplan, Shively, and Magovern practice in the Departments of Medicine and Surgery at Allegheny General Hospital in Pittsburgh. *The authors acknowledge their gratitude for assistance in manuscript preparation to Dolores Iannuzzi and Kellie Sonnie.*

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Moderator: Bernard L. Segal, M.D.

3:00-3:20 p.m.—Atrial arrythmias—Leonard N. Horowitz, M.D.
3:20-3:40 p.m.—Ventricular arrhythmias—Harry A. Kopelman, M.D.
3:40-4:00 p.m.—Temporary and permanent pacemaker therapy—Leonard N. Horowitz, M.D.
4:00-4:30 p.m.—Case presentations—Jack Garden, M.D.
4:30-5:00 p.m.—Panel discussion—Harold Kay, M.D., Garo S. Garibian, M.D., and Kenneth D. Mendel, M.D.

- No registration fee
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- CME credits *
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was then treated with five cycles of MOPP (mustargen, vincristine, procarbazine, prednisone) chemotheraphy until January 1982. A sixth cycle of chemotherapy was withheld because of myelotoxicity. She is currently asymptomatic and in complete remission as of December 1982.

Discussion

Relapse of Hodgkin's lymphoma warrants consideration whenever radiographic abnormalities are detected in a patient with a prior history of the disease despite a prolonged period of complete remission. Although we had a strong clinical suspicion of relapse in our patient, transbronchial biopsies of the cavitary lesions failed to establish the diagnosis of Hodgkin's lymphoma. The definitive diagnosis of a late relapse of Hodgkin's disease involving the lung required thoracotomy and lung resection. The absence of intrathoracic adenopathy at the time of relapse in our patient is not unusual as previous studies have reported that less than 10 percent of previously treated patients have evidence of associated intrathoracic adenopathy at the time of relapse in the lung.[3] However, at least 75 percent of these patients did have mediastinal and/or hilar adenopathy at the time of initial diagnosis of Hodgkin's disease[1,3] as did our patient. Our case is also consistent with previous reports that nodular sclerosis and mixed cellularity are the most common histologic types of Hodgkin's lymphoma associated with relapse in the lung[3,4] and that the onset of lung involvement is usually insidious, with cough being the most frequently reported pulmonary symptom.[3,5]

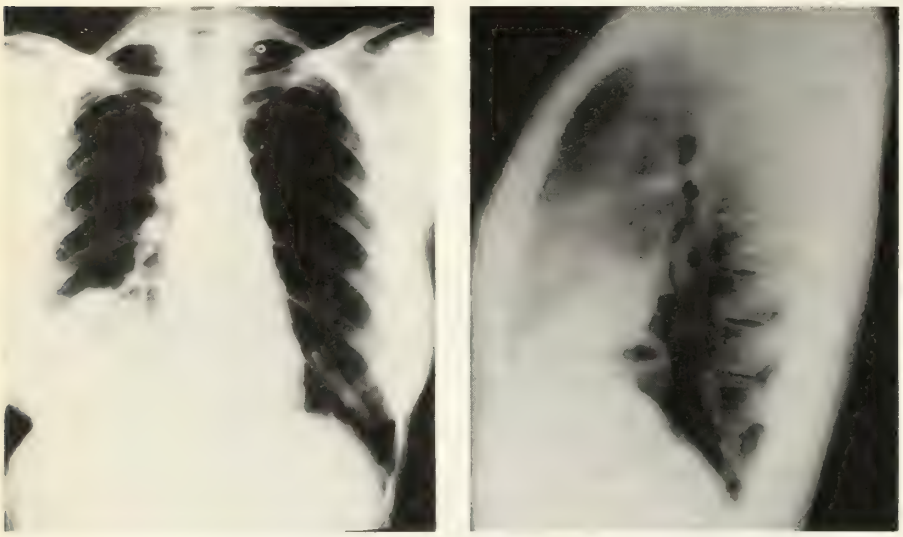

Figure 1 A and B. Chest roentgenograms of April 1981 reveal two large right lower lobe cavities with air-fluid levels.

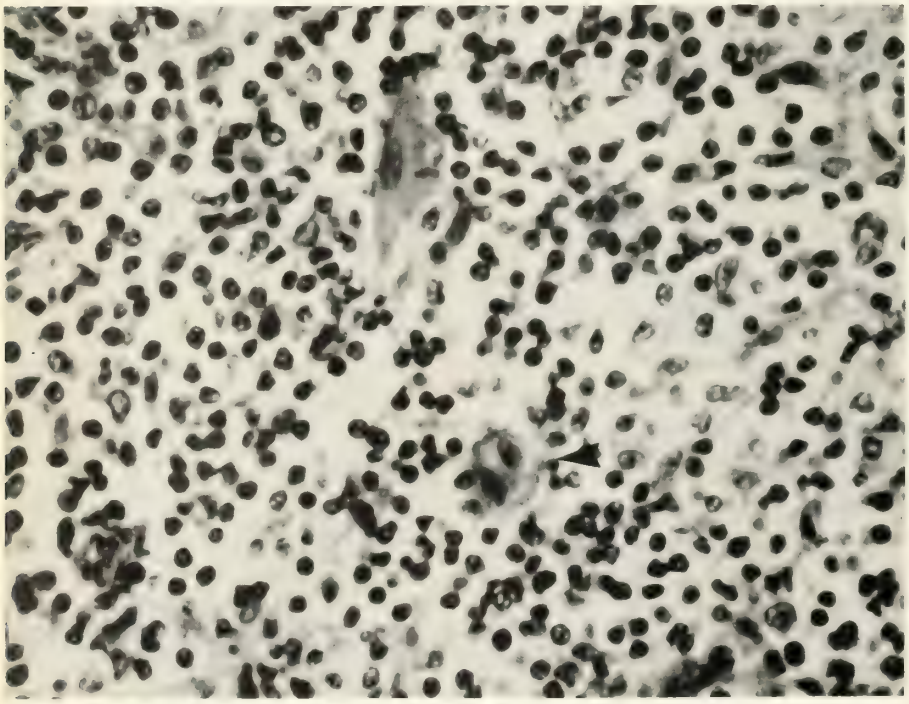

Figure 2. Representative section of the resected lung specimen which shows a typical Reed-Sternberg cell (arrow) characteristic of Hodgkin's lymphoma.

Several patterns of radiographic abnormalities have been described in patients with parenchymal involvement of Hodgkin's lymphoma.[1,2,3] These include:

1. direct parenchymal extension from involved mediastinal nodes;
2. segmental or lobar infiltrates with air bronchograms;
3. small, irregular, poorly defined nodules;
4. cavitation in nodules or masses; and
5. linear shadows producing septal lines and signs of interstitial lung disease.

Cavitary lesions are rare, occurring in less than 10 percent of the patients with Hodgkin's disease of the lung.[2,3,5,6] Cavitation tends to occur in large nodules and masses and is probably due to central ischemic necrosis. A lung cavity with air-fluid levels may be apparent when there is communication between an adjacent bronchus and a necrotic tumor mass. Our patient presented with two large cavitary lesions in the right lower lobe with air-fluid levels that radiographically mimicked anaerobic lung abscess. There are several case reports in the literature of primary pulmonary Hodgkin's disease presenting with the radiographic appearance of lung abscess,[7,8] but very few reports of cavitary lesions due to relapse of Hodgkin's lymphoma in the lung.[3]

The appearance of a cavitary lung lesion in a patient with Hodgkin's disease raises other diagnostic considerations other than lymphoma or anaerobic lung abscess. The differential diagnosis would also include infections due to fungi such as cryptococcus neoformans, aspergillus, mucor, or nocardia species as well as cavitating bronchogenic or metastatic carcinoma.

Optimal therapy for cavitary pulmonary Hodgkin's disease is controversial. In 1965, Perttala and Svinhufvud[6] reported that lung cavities due to Hodgkin's disease responded to radiation therapy resulting in remission for as long as two years. However, there was a definite tendency for the cavities to recur. Since then, several studies have shown systemic chemotherapy to be superior to radiation therapy alone in terms of longer remissions and survival in patients with primary pulmonary Hodgkin's lymphoma.[1,9] The role of lung resection, particularly regarding large cavitary lesions, is unknown. Surgical resection of large cavitary lung lesions due to Hodgkin's lymphoma may be indicated to remove destroyed lung tissue which may serve as a potential area for chronic infection and hemorrhage especially in patients undergoing chemotherapy. Although this was a consideration in our patient, the primary reason for thoracotomy and lung resection was to obtain a definitive tissue diagnosis.

In conclusion, this case illustrates that relapse of Hodgkin's lymphoma in the lung is usually not associated with intrathoracic adenopathy and can present as large cavitary lung lesions that may mimic the radiographic appearance of lung abscess. An aggressive approach is warranted to obtain a tissue diagnosis for patients with Hodgkin's lymphoma who develop pulmonary parenchymal abnormalities, especially in the absence of other radiographic or clinical evidence of disease. An accurate diagnosis is essential to institute proper therapy. □

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Common courtesy and medical practice

H. Phelps Potter Jr., MD, FACP

Building and maintaining a medical practice depends on many things, and common courtesy may be one of the most important. Although courteous behavior facilitates many civilized endeavors, it seems to be especially important for successful doctor-patient relationships. Recently some of my non-medical friends suffered serious illnesses in various parts of the country and I was interested in their opinions about the care they received from their physicians. Their comments frequently had less to do with the overall quality of care than feelings about the doctor's apparent interest in them as a person and his ability to communicate with them. They appreciated what is generally called common courtesy—and resented the lack of it. These comments led me to make inquiries of more non-medical acquaintances, some of my own patients, nurses, and other medical professionals about their experiences with physicians: What they had to say echoed what I had heard initially.

Ability, availability, and affability remain the three A's of successful medical practice, and my information suggested that affability is just as important as the other two A's. Much of the affability is common courtesy—if one defines courtesy as good manners combined with genuine kindness and consideration for others. Advertising, the new fourth A, may be helpful in some practice situations; but for most of us, new patients will continue to come from the satisfied patients we already have, their families and friends, and our medical colleagues. Although clinical skill is the essential service we provide, most patients want to feel we like them as people and are genuinely interested in them. The cold, impersonal, purely scientific approach simply does not work for most of us, or for most of our patients. Main areas of dissatisfaction with doctors that my sources noted are outlined below, and I'm adding comments from my own experience in medical practice.

Poor communication

The major fault most of my friends found with their doctors was poor communication. It was clear they wanted to be listened to, and they felt they could tell whether their physician was really listening or not. Good listening involves eye contact, intensity of interest, and not too much interrupting. It can be a bonus to have the patient's spouse or some other family member present during an initial visit, because they can often provide important parts of the history that the patient is unable or unwilling to relate. Those of us with a hearing loss can inadvertently miss key words and lose the meaning of a phrase that may be essential to making the diagnosis, we owe it to our patients and ourselves to seek treatment.

During the physical examination it is easy for us to tell patients that successive parts of the examination are normal, if that is the case; without this reassurance patients may continue to wonder and worry if we have found something wrong. I was surprised how little my friends could tell me about their physicians' findings and diagnoses, and how little they knew about the purpose and side effects of medications they were taking. Patients are usually anxious and distracted when we are talking to them, so it should not be a surprise if they remember less than half of what we say. We need to be sure they are really listening and that they understand what we are trying to tell them. If more than two drugs are prescribed, some physicians urge the patient or the accompanying family member to make a list of all medications and the correct dosage schedules. In my opinion it is discourteous, as well as bad medicine, not to warn patients about the important side effects of drugs they are taking; our more sophisticated patients expect this information and think less of us if they don't get it. A simple device to improve communication that has worked for me is to ask the patient at the end of the visit if he has any questions about the diagnoses or prescribed treatment.

Some doctors make a big mistake by not speaking with patients' families on a regular basis. Whether the family become our supporters or antagonists in the patient's care depends largely on how well we keep them informed and whether we solicit their ideas and wishes. The sicker the patient becomes, the more necessary family communication is. Frequently we do not have enough time during the work day for this, but there is nothing wrong with occasionally calling family members from home when we can talk at greater leisure. One of my friends, who had become increasingly annoyed when her mother's physician failed to return calls for information about test results, was quite overwhelmed when the doctor took the trouble to call her on a Sunday afternoon and described all of the findings and their implications at length.

Taking the family of a critically ill hospitalized patient aside to give them a careful review of the case, plans for management, and the prognosis is a fundamental part of the art of medicine. A gracious service some physicians provide is a phone call to a surviving spouse several weeks after the patient's death to ask how they are coping with the loss. This is also a good time to provide any information, such as autopsy findings, that might have become available.

Waiting woes

All of the people I talked to said they became annoyed or angry when they were kept waiting more than thirty minutes for a scheduled office appointment. They were, however, usually mollified if the appointment secretary explained the reason for the delay and gave an honest estimate as to when the doctor would see them. Up-to-date mag-

Dr. Potter practices at Paoli Memorial Hospital, Paoli, and specializes in gastroenterology.

azines, preventive health literature, and comfortable waiting room furniture probably reenforce the idea that the doctor really does care about his patients.

My friends (and their families) invariably became upset if they were kept waiting all day for a phone call from their doctor when they felt there was an urgent problem. This kind of neglect—or misunderstanding—seriously undermines patient rapport. Many well-run offices provide patient orientation brochures that include phone call policies and instructions on how to get help in emergency situations. Patients, their families, and their nurses can get very upset when the doctor keeps them waiting for hours on the day of hospital discharge for final instructions or prescriptions; if this can't be accomplished over the telephone, at least the patient should be told approximately when he can expect to be released.

Poor manners

Older persons I talked to particularly resented discourtesies in the office or hospital such as being called by their first names (unless they suggested it), sloppy or casual dress (unless after regular hours), off-color language, and cold examining rooms without mirrors or clothes racks. "Please" and "thank you" are not yet extinct in this country and are part of good office and hospital manners. Little courtesies such as helping a patient put on his coat, washing our hands before a physical examination, or offering a box of tissues after a rectal exam or sigmoidoscopy seem to be appreciated. My acquaintances resented consultants in the hospital who did not introduce themselves, failed to explain what their role was going to be in the patient's care, and later on neglected to reveal their findings or opinions.

It (literally) pays consultants to be polite and to carefully introduce themselves if they expect to be paid willingly in this era of high medical costs. I was more amused than annoyed by a cardiologist who informed one of my patients after a cardiac catheterization, "I'm Smith. Your heart is fine. Your chest pain is not your heart. Discharge tomorrow"—and then walked out of the room! Admittedly, she remembered every word he said, but she also felt that the length of his explanation and the size of his bill were out of proportion—and, perhaps worse, she felt that he was rude.

The laying on of hands (on patients) can also be a delicate matter; psychiatrists told me that while we imagine this to be a comforting gesture, some patients fantasize our touch as a sexual advance, and others just don't like to be touched. We need to exercise caution in comforting patients in this manner.

Most physicians are occasional social drinkers, but I learned that a small minority of this group apparently risk their reputations and offend their patients by drinking when they are on call. One of my friends completely lost respect for his doctor when the physician arrived at the Emergency Room with alcohol on his breath; he wasn't intoxicated and his judgment probably wasn't impaired, but he lost a patient.

Grumpy or gloomy doctors

My friends didn't appreciate physicians who seemed depressed, irritated, or preoccupied with their own personal problems. One hundred years ago Oliver Wendell Holmes claimed, "We had a physician in our city whose smile was commonly reckoned as being worth $5,000 a year to him, in the days, too, of moderate incomes." Any physician who is unable to put aside family or practice problems and smile when he walks in the office or hospital to see patients should probably consider asking for a serious talk with his favorite psychiatric colleague.

Rudeness to nurses

Good nurses are in short supply, but you'd never know it the way some doctors treat them. Nurses don't like rudeness, disrespect, or the tirades of angry physicians—and patients don't like to see it. Most of us use hospitals with hundreds of nurses and other employees who are important referral sources if we treat them with consideration and respect. A nurse who has spent eight hours with a patient and thinks she has made an important finding feels affronted when the doctor is too busy to listen to her observation. Nurses told me they try to avoid making rounds or even calling certain physicians for fear they'll be the target of verbal abuse or a temper tantrum; everyone, but especially the patient, suffers in this unhappy situation. We physicians will always be major role models for other hospital and office personnel, and we cannot expect them to be courteous to patients if our own behavior does not reflect that.

Poor medical records etiquette

It is common courtesy and common sense to produce good medical records. Office notes, hospital progress notes, discharge summaries, consultation reports, and letters to other physicians and patients can be good or bad advertisements. We all know consultants who insist on sending us three-page typewritten letters that can take fifteen minutes to read; in my opinion, they owe us the courtesy of spending more time to distill their thoughts, giving us a concise report of their findings and suggestions. Many busy physicians take much of their dictation home where frequently they find more peace and quiet. Some of our colleagues' handwriting is almost illegible, but happily even the worst penmanship improves when the penman slows down.

Medical arrogance

None of us are all-knowing, and we all encounter situations when we can't make a patient's diagnosis and aren't sure what to do next. One friend's physician found himself in this position but stubbornly refused to ask for a consultation; he placed the patient and himself in jeopardy, and eventually lost the patient and her family as future referral sources. A variation of this attitude is the physician who told a nervous acquaintance of mine with vague and probably psychosomatic symptoms that "It's all due to your nerves." The patient's self-respect (and her respect for her doctor) would have been left intact if he had told her that her symptoms were real, that there were multiple factors involved in their causation including emotional stress, and that she would benefit from psychiatric consultation to help her cope with stress more effectively.

Never doing anything extra

The patients and former patients I talked to were always grateful when their doctor went a little out of his way to do something special for them. An occasional house call on the patient with a difficult illness can earn undying gratitude. Anyone who has ever made a house call (and this may now be the minority of American physicians) knows he can learn things about the patient, his family, and his home situation that

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Note—Culture and susceptibility tests should be initiated prior to and during therapy. Renal function studies should be performed when indicated.

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There is some clinical and laboratory evidence of partial cross-allergenicity of the penicillins and the cephalosporins. Patients have been reported to have had severe reactions (including anaphylaxis) to both drugs.

Any patient who has demonstrated some form of allergy, particularly to drugs, should receive antibiotics cautiously. No exception should be made with regard to Keflet.

Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics (including macrolides, semisynthetic penicillins, and cephalosporins); therefore, it is important to consider its diagnosis in patients who develop diarrhea in association with the use of antibiotics. Such colitis may range in severity from mild to life-threatening.

Treatment with broad-spectrum antibiotics alters the normal flora of the colon and may permit overgrowth of clostridia. Studies indicate that a toxin produced by *Clostridium difficile* is one primary cause of antibiotic-associated colitis.

Mild cases of pseudomembranous colitis usually respond to drug discontinuance alone. In moderate to severe cases, management should include sigmoidoscopy, appropriate bacteriologic studies, and fluid, electrolyte, and protein supplementation. When the colitis does not improve after the drug has been discontinued, or when it is severe, oral vancomycin is the drug of choice for antibiotic-associated pseudomembranous colitis produced by *C difficile*. Other causes of colitis should be ruled out.

Usage in Pregnancy—Safety of this product for use during pregnancy has not been established.

Precautions: *General*—Patients should be followed carefully so that any side effects or unusual manifestations of drug idiosyncrasy may be detected. If an allergic reaction to Keflet occurs, the drug should be discontinued and the patient treated with the usual agents (eg, epinephrine or other pressor amines, antihistamines, or corticosteroids).

Prolonged use of Keflet may result in the overgrowth of nonsusceptible organisms. Careful observation of the patient is essential. If superinfection occurs during therapy, appropriate measures should be taken.

Positive direct Coombs' tests have been reported during treatment with the cephalosporin antibiotics. In hematologic studies or in transfusion cross-matching procedures when antiglobulin tests are performed on the minor side or in Coombs' testing of newborns whose mothers have received cephalosporin antibiotics before parturition, it should be recognized that a positive Coombs' test may be due to the drug.

Keflet should be administered with caution in the presence of markedly impaired renal function. Under such conditions, careful clinical observation and laboratory studies should be made because safe dosage may be lower than that usually recommended.

Indicated surgical procedures should be performed in conjunction with antibiotic therapy.

As a result of administration of Keflet, a false-positive reaction for glucose in the urine may occur. This has been observed with Benedict's and Fehling's solutions and also with Clinitest® tablets but not with Tes-Tape® (Glucose Enzymatic Test Strip, USP, Lilly).

Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.

Usage in Pregnancy—Pregnancy Category B—The daily oral administration of cephalexin to rats in doses of 250 or 500 mg/kg prior to and during pregnancy, or to rats and mice during the period of organogenesis only, had no adverse effect on fertility, fetal viability, fetal weight, or litter size. Note that the safety of cephalexin during pregnancy in humans has not been established.

Cephalexin showed no enhanced toxicity in weanling and newborn rats as compared with adult animals. Nevertheless, because the studies in humans cannot rule out the possibility of harm, Keflet should be used during pregnancy only if clearly needed.

Nursing Mothers—The excretion of cephalexin in the milk increased up to 4 hours after a 500-mg dose; the drug reached a maximum level of 4 μg/mL, then decreased gradually, and had disappeared 8 hours after administration. Caution should be exercised when Keflet is administered to a nursing woman.

Adverse Reactions: *Gastrointestinal*—Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment. Nausea and vomiting have been reported rarely. The most frequent side effect has been diarrhea. It was very rarely severe enough to warrant cessation of therapy. Dyspepsia and abdominal pain have also occurred. As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.

Hypersensitivity—Allergic reactions in the form of rash, urticaria, angioedema, and, rarely, erythema multiforme, Stevens-Johnson Syndrome, or toxic epidermal necrolysis have been observed. These reactions usually subsided upon discontinuation of the drug. Anaphylaxis has also been reported.

Other reactions have included genital and anal pruritus, genital moniliasis, vaginitis and vaginal discharge, dizziness, fatigue, and headache. Reversible interstitial nephritis has been reported rarely. Eosinophilia, neutropenia, thrombocytopenia, and slight elevations in SGOT and SGPT have been reported.

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Our own self-esteem and continuing education are advanced when we spend extra time and effort with diagnostic or management problem patients; usually this means going back to the bedside later in the day to spend time going over the history with the patient and his family, hitting the textbooks, or reviewing the pertinent current medical literature. Most of us went into medicine with the idea that it was a scholarly pursuit, that we could help other people, and that we could earn a decent income; our creditability as physicians diminishes if we neglect the first two motives.

The hard truth

All patients and their families deserve the truth about an illness. No matter how bad the news, however, it's cruel not to leave some avenue of hope, and unfortunately some of our colleagues seem to do this—at least this is how their "hard truth" is interpreted by patients. Even if the prognosis seems hopeless, perhaps a new treatment may become available, or if there is no prospect of this, we can at least promise our best efforts to provide comfort, treat secondary problems, and improve nutrition. Exceptions to telling a patient the truth are rare, and when they arise, they demand full consultation with family and other physicians involved with the case.

Exorbitant fees

My friends of Medicare age told me that high hospital and doctors' charges are a popular topic of conversation among their contemporaries. Even our most affluent patients resent exorbitant fees, will not return to a doctor they feel is gouging them, and will warn their friends away from him. A few overchargers simply have an inflated opinion of their worth, but most are just plain greedy. An exorbitant fee may be accepted with minor grumbling when a patient feels that he has received an extraordinary service; usually, however, complaints about high fees include a comment that the service provided was not helpful or was performed in a cursory fashion.

Conclusion

There is nothing new about the idea that common courtesy is a foundation of successful professional behavior and of effective communication. William Falconer said two hundred years ago that "It is not sufficient for a physician merely to possess a humane disposition and benevolent intentions. It is necessary that he should render it apparent in every part of his conduct towards the sick." We can all list at least five reasons why the practice of medicine is more stressful today than it was ten years ago. We frequently feel harrassed and inclined towards irritability and resentment; however, we can't afford to let these feelings compromise our professional behavior if we expect to build a practice and have satisfied patients. I asked a very successful and respected senior physician recently how he was coping with HMO, DRGs, PROs and the rest. His reply was "I just keep on practicing medicine the same way I always have": I happen to know this has always included clinical skill, devotion to his patients, and overall common courtesy, the cornerstones of good medical care. □

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Ami S. Iskandrian, M.D.
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3:00 p.m. Regulation of plasma lipoproteins and the role of genetics: An overview
HENRY N. GINSBERG, M.D.
Associate Professor of Medicine
College of Physicians & Surgeons, New York, NY

3:45 p.m. The treatment of dyslipoproteinemias
JOHN C. LAROSA, M.D.
Dean for Clinical Affairs
George Washington University Medical Center, Washington, D.C.

4:30 p.m. Break

4:45 p.m. The role of dyslipoproteinemias in coronary atherosclerosis
ERNST J. SCHAEFER, M.D.
Associate Professor of Medicine and Chief, Lipid Metabolism Laboratory
Tufts University, Boston MA

5:30 p.m. Panel Discussion
HENRY N. GINSBERG, M.D., JOHN C. LAROSA, M.D., ERNST J. SCHAEFER, M.D.
Philadelphia Heart Institute Faculty:
BERNARD L. SEGAL, M.D., MICHAEL S. FELDMAN, M.D., LLOYD W. KLEIN, M.D., TERRY LANGER, M.D., J. DAVID OGILBY, M.D.

6:30 p.m. Closing Remarks
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Primary care physicians — Multi-state practice association seeks BE/BC primary care physicians for unique opportunities in PA, NJ, New England, MD, FL, and other areas of the U.S. Most positions offer Monday-Friday 8 a.m. to 5 p.m. schedules with up to five weeks paid time off. Paid malpractice. Contact or send CV to Liberty Healthcare Corporation, 399 Market Street, Suite 400, Philadelphia, PA 19106; (215) 592-7400 or outside PA 1-800-331-7122.

Internists — Board eligible or Board certified to join the staff of a 180-bed hospital in Pennsylvania. Interest in cardiology is preferred. Educational opportunities available as well as abundant outdoor recreation. Send CV to Box 189, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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Emergency medicine positions — Full/part time emergency medicine physicians sought by multi state professional association for openings in metropolitan NY, PA, MD, DC, FL, New England, and throughout US. Contact or send CV to Liberty Healthcare Corporation, 399 Market Street, Suite 400, Philadelphia, PA 19106; (215) 592-7400 or outside PA 1-800-331-7122.

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Part-time and Temporary Positions — Choose from part-time and temporary practice opportunities located throughout Pennsylvania in the new Locum Tenens Section of the Pennsylvania Medical Society's Physician Placement Service. For more information, contact Ruth Wilson, PMS Physician Placement Service, 20 Erford Road, Lemoyne, PA 17043; (717) 763-7151.

Internal Medicine, BC/BE, 3 person primary care office active hospital practice suburban Philadelphia — excellent opportunity with early buy in. Send CV to Box 224, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

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Primary Care Center — In need of one more F.P., no OB. Instant partner; fee for service. Location: Suburb of Scranton, PA. Pop 45,000 in 5 mile radius. Send resume: Box 65, Peckville, PA 18452.

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tunities — List your part-time or temporary practice opportunity in the new Locum Tenens section of the Pennsylvania Medical Society's Physician Placement Service. For more information, contact Ruth Wilson, PMS Physician Placement Service, 20 Erford Road, Lemoyne, PA 17043; (717) 763-7151.

Pathologist seeking full time or regular part time position. Call (412) 788-4221.

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Selection of Practices for Sale — Find out more about medical practices for sale throughout Pennsylvania or list your practice in the Practices for Sale Section of the Pennsylvania Medical Society's Physician Placement Service. For more information, contact Ruth Wilson, PMS Physician Placement Service, 20 Erford Road, Lemoyne, PA 17043.

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A Board certified physician desires to buy general/family/internal medicine practice in Allegheny/neighboring counties. Please reply to Box 213, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

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obituaries

• *Denotes PMS membership at time of death.*

Francis Heed Adler, Philadelphia; University of Pennsylvania School of Medicine, 1919; age 92, died August 13, 1987. Dr. Adler was an ophthalmologist. •

C. Ludwig Anderson, Pittsburgh; Temple University School of Medicine, 1960; age 52, died August 26, 1987. Dr. Anderson specialized in internal medicine. •

Richard E. Brenneman, Bethlehem; Hahnemann University School of Medicine, 1935; age 78, died September 13, 1987. Dr. Brenneman was an anesthesiologist. •

Harry Williams Buzzerd, Williamsport; University of Louisville School of Medicine, 1935; age 83, died August 18, 1987. Dr. Buzzerd was an otolaryngologist. •

Raymond G. Chang, Erie; University of Pennsylvania School of Medicine, 1946; age 66, died September 18, 1987. Dr. Chang specialized in emergency medicine. •

Albert J. Cross, Tuckhannock; Temple University School of Medicine, 1943; age 71, died September 16, 1987. Dr. Cross was a cardiologist. •

Michael Joseph Daly, Philadelphia; Temple University School of Medicine, 1947; age 66, died August 1, 1987. Dr. Daly was an obstetrician and gynecologist. •

Thaddeus S. Danowski, Pittsburgh; Yale University School of Medicine, 1940; age 73, died September 12, 1987. Dr. Danowski had more than 400 writings published on internal medicine. •

William V. Dzurek, Orwigsburg; Hungary Czechoslovak State University in Bratislava, 1922; age 90, died September 18, 1987. Dr. Dzurek was a radiologist. •

Charles E. Eisenhower, York; University of Pennsylvania School of Medicine, 1937; age 76, died August 15, 1987. Dr. Eisenhower was an ophthalmologist. •

Warren A. Gette, Waynesboro; University of Pennsylvania School of Medicine, 1943; age 77, died September 7, 1987. Dr. Gette specialized in diagnostic radiology. •

Floyd L. Harris, York; Temple University School of Medicine, 1949; age 62, died September 3, 1987. Dr. Harris was an anesthesiologist. •

Alexander R. McCormick, Carnegie; University of Pittsburgh School of Medicine, 1923; age 88, died July 27, 1987. Dr. McCormick was an allergist. •

Morris Ovitz, Allentown; Boston University School of Medicine, 1947; age 65, died August 14, 1987. Dr. Ovitz was a psychiatrist. •

Leon A. Peris, Philadelphia; Jefferson Medical College, 1955; age 47, died August 31, 1987. Dr. Peris was an obstetrician and gynecologist. •

Paul Harold Rankin, Salem, Ohio; University of Pittsburgh School of Medicine, 1932; age 80, died August 31, 1987. Dr. Rankin was a family physician. •

Thomas E. Wagner, Harrisburg; Temple University School of Medicine, 1943; age 73, died August 13, 1987. Dr. Wagner specialized in internal medicine. •

Joseph H. Zeigerman, Philadelphia; University of Bern, Switzerland, 1938; age 82, died September 16, 1987. Dr. Zeigerman was an obstetrician and gynecologist. •

Henry B. Borska, Oreland; Jefferson Medical College, 1959; age 53, died July 22, 1987. Dr. Borska was a general practitioner.

John Joseph Brennan, Edwardsville; University of Alabama School of Medicine, 1936; age 78, died August 2, 1987. Dr. Brennan was a general practitioner.

Curt L. Christiansen, Pittsburgh; University of Chicago, 1979; age 35, died July 31, 1987. Dr. Christiansen was a psychiatrist.

Samuel Kasden, Philadelphia; Philadelphia College of Osteopathic Medicine, 1966; age 48, died August 10, 1987.

Anthony J. Puntereri, Aspinwall; University of Pittsburgh School of Medicine, 1940; age 71. Dr. Puntereri specialized in geriatrics.

C. Robert E. Wells, Philadelphia; Temple University School of Medicine, 1940; age 74, died August 21, 1987. Dr. Wells was a pediatrician.

The Educational and Scientific Trust of the Pennsylvania Medical Society provides you with a way to make a significant statement honoring the memory of and paying tribute to your colleagues who are deceased. Send you tax-deductible memorial gift to the PMS Educational and Scientific Trust, 20 Erford Road, Lemoyne, PA 17043.

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Marguerite Bonaventura, MD, Gen. Surg., 404 Marion Ave., Pittsburgh 15221
Alan N. Bress, MD, Oncology, 220 Meyran Ave., Pittsburgh 15213
Lucien J. B. Cardinal, MD, Internal Med., 493 Marietta Pl., Mount Lebanon, Pittsburgh 15228
Philip L. Case, MD, Allergy/Immunology, 180 Fort Couch Rd., Pittsburgh 15241
Dinesh N. Chandra, MD, Nephrology, 4401 Penn Ave., Ste. 1050, Pittsburgh 15224
Francis R. Colangelo, MD, Internal Med., 135 Meadowgap Dr., Monroeville 15146
Raymond P. Davidson, MD, Obstetrics/Gynecology, 130 N. Bellefield Ave., Pittsburgh 15213
Paul R. Delbianco, MD, Internal Med., 2505 Glenarm Ave., Pittsburgh 15226
Robert A. Erbstein, MD, Diagnostic Radiology, 5230 Centre Ave., Pittsburgh 15232
Gina M. Fedel, MD, Internal Med., 462 S. Aiken, #8, Pittsburgh 15232
James E. France, MD, Family Practice, 514 Guyasuta Rd., #3, Pittsburgh 15215
Steven A. Freedman, MD, Psychiatry, 130 N. Bellefield, Pittsburgh 15213
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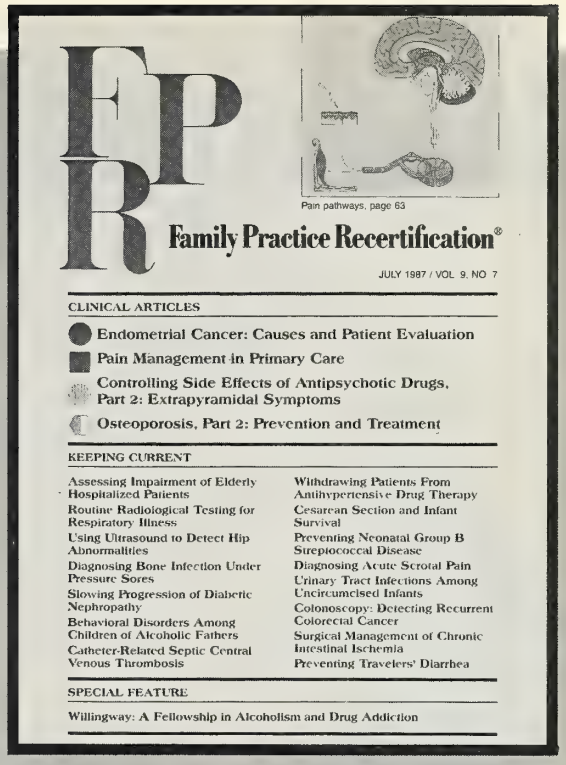
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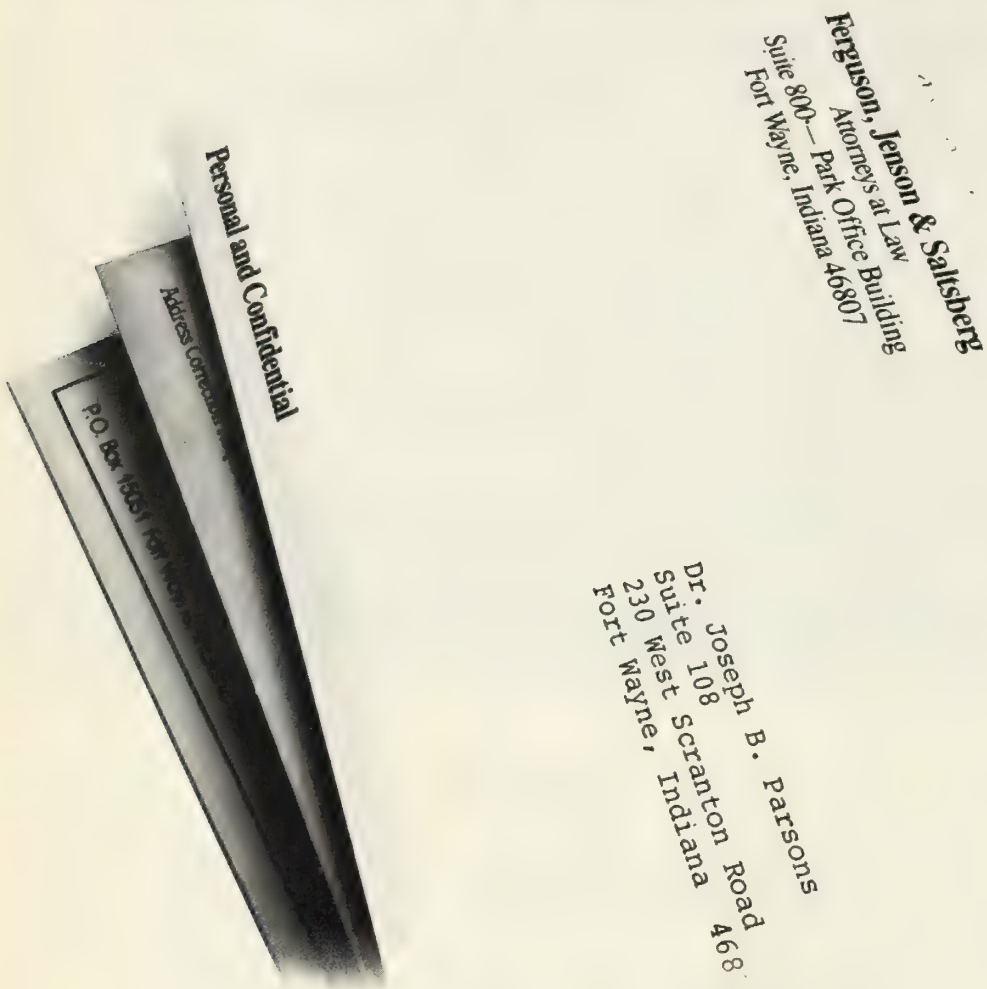

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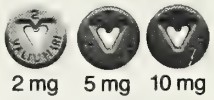

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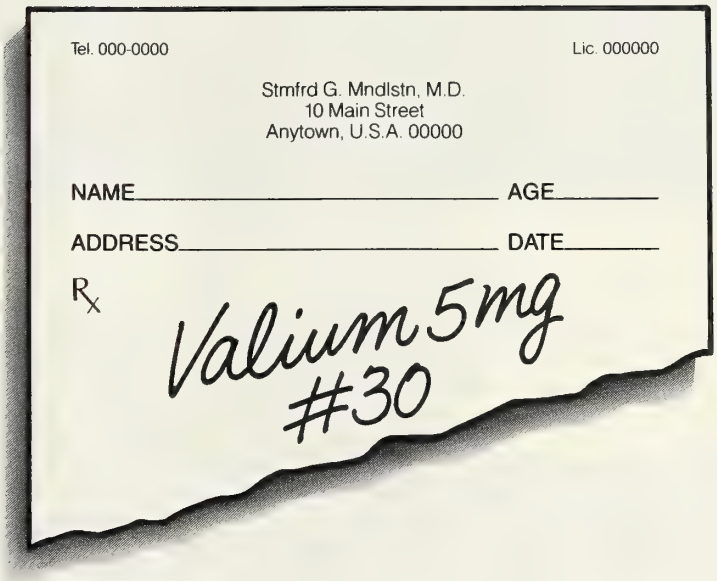

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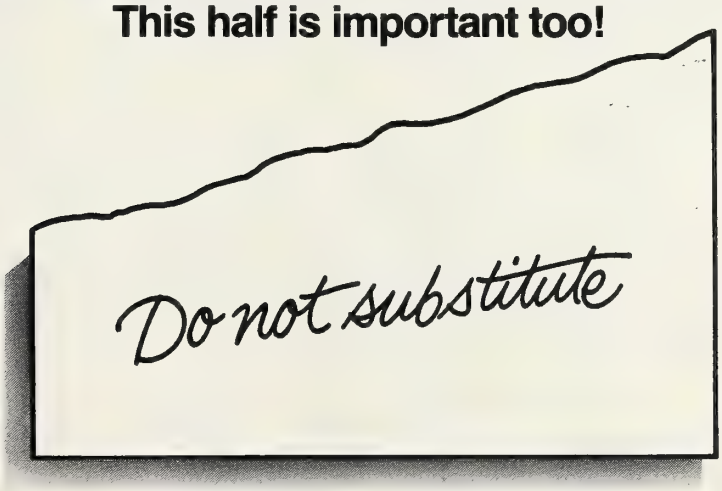

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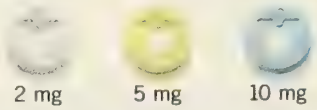

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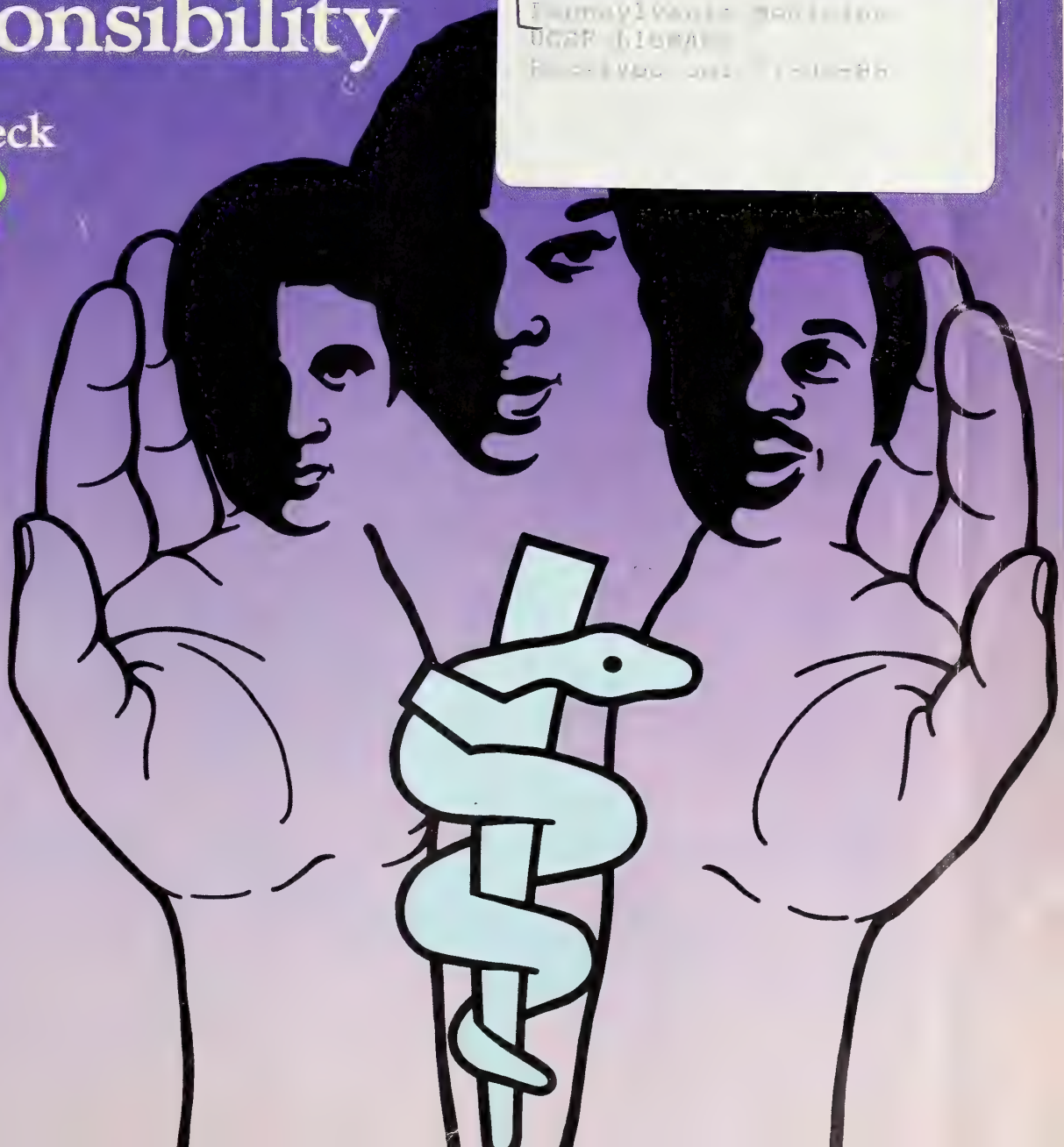

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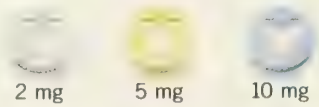

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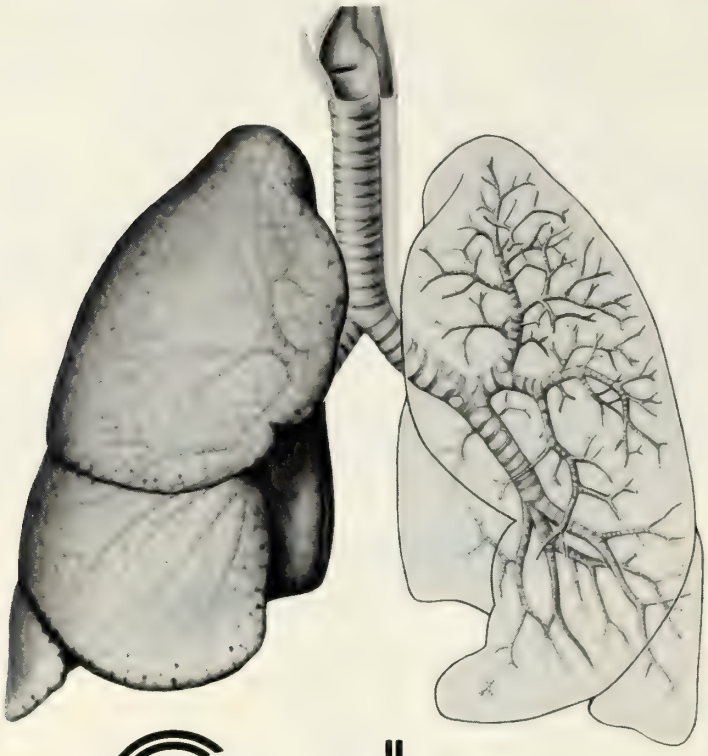

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Precautions:
- Discontinue Ceclor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of nonsusceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- Ceclor should be administered with caution in the presence of markedly impaired renal function. Although dosage adjustments in moderate to severe renal impairment are usually not required, careful clinical observation and laboratory studies should be made.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Ceclor penetrates mother's milk. Exercise caution in prescribing for these patients.

Adverse Reactions: (percentage of patients)
Therapy-related adverse reactions are uncommon. Those reported include:
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, and serum-sickness-like reactions that have included erythema multiforme [rarely, Stevens-Johnson syndrome] or the above skin manifestations accompanied by arthritis/arthralgia and, frequently, fever): 1.5%; usually subside within a few days after cessation of therapy. Serum-sickness-like reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Ceclor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- As with some penicillins and some other cephalosporins, transient hepatitis and cholestatic jaundice have been reported rarely.
- Rarely, reversible hyperactivity, nervousness, insomnia, confusion, hypertonia, dizziness, and somnolence have been reported.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%; and, rarely, thrombocytopenia.

Abnormalities in laboratory results of uncertain etiology
- Slight elevations in hepatic enzymes.
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- Abnormal urinalysis; elevations in BUN or serum creatinine.
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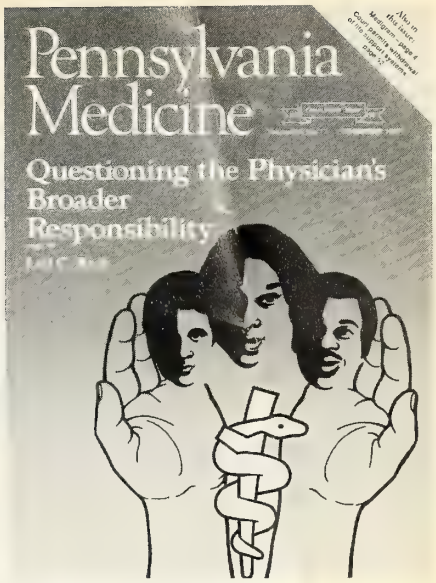

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STATE, FEDERAL COURTS DENY PMS INJUNCTION REQUESTS

Both Commonwealth Court and U.S. District Court have denied PMS requests for a preliminary injunction to stop enforcement of a portion of the state's amphetamine regulations. PMS asked that the state be enjoined from enforcing the rule requiring a physician to seek a waiver from the licensing board (medical or osteopathic) prior to prescribing covered medications in certain situations. Although the injunctions were denied, the courts have not ruled on the substantive issues, and PMS continues to pursue both actions. Any physician who is denied a waiver is asked to contact Elizabeth Metz, Esq., at the PMS toll-free line, 800-228-7823.

CAT FUND SURCHARGE SET AT 61% FOR 1988

Insurance Commissioner Constance Foster has announced a surcharge for 1988 of 61 percent of basic premiums to support the Medical Professional Liability Catastrophe Loss Fund. This is a 26 percent drop from the 1987 premium and will be applied to all policies and self-insurance plans subject to Act 111 of 1975 written or renewed after January 1, 1988. The CAT Fund had requested a surcharge of 70 percent for 1988; the surcharge was at 87 percent in 1986 and 1987.

GOVERNOR CASEY SIGNS LAW; PENNSYLVANIANS BUCKLE UP

Initiated by the Pennsylvania Chapter, American College of Emergency Physicians, the campaign of the Keystone Safety Belt Network for legislation had a victory last month. On November 23, Governor Robert P. Casey signed legislation that was passed in the House November 9 and in the Senate November 17. A $10 fine will be imposed for failure to use safety belts by drivers and front seat passengers, but the motorist must be convicted of another traffic violation before a citation can be issued for violation of the safety belt law. The Keystone Safety Belt Network is expected to continue its educational activities through 1988. Howard Hughes, MD, Danville, is chairman of the network.

AMA HOUSE OF DELEGATES MEETS DECEMBER 6-9

The 1987 Interim Meeting of the House of Delegates of the American Medical Association is December 6 to 9 in Atlanta, GA. R. William Alexander, MD, chairman of the Pennsylvania Delegation, will lead a contingent of 50, including 17 delegates representing PMS. Robert N. Moyers, MD, chairman of the PMS Board of Trustees, is chairman of the reference committee which deals with medical education. Six resolutions from Pennsylvania will be part of the business of the House of Delegates.

AIDS ADVISORY PANEL HOLDS FIRST MEETING

The Professional Advisory Committee on AIDS appointed by Secretary of Health N. Mark Richards, MD, holds its first meeting December 8. The committee's charge is to advise the secretary on all matters relating to acquired immunodeficiency syndrome in Pennsylvania, including etiology, epidemiology, diagnosis, and treatment; the medical, social, and personal needs of patients; and the legal and ethical considerations related to treatment and prevention of AIDS.

CALL 800-228-7823 TO REACH PMS FREE

The Pennsylvania Medical Society's in state toll-free telephone number is now in use. Requests and questions will be handled directly by the responsible staff members.

ONE MILLION PENNSYLVANIANS LACK HEALTH CARE COVERAGE

More than one million Pennsylvanians probably do not receive regular medical care because they are without health insurance. This is a finding from a six-month study conducted by Lewin Associates of Washington, DC, under contract to the Pennsylvania Health Care Cost Containment Council. The preliminary report, which credits the state's medical assistance program for keeping the percentage of uninsured under the national average, was released November 23.

MEDICARE DECISION DUE IN DECEMBER

Now in the mail to physicians is a letter from Medicare carriers advising that December 31, 1987, is the deadline for deciding whether or not to participate in Medicare in 1988. The letter explains that reimbursement provisions may be altered by Congressional action to reduce the deficit. Details will be available in the December issues of *AMNews*.

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editorial

Is this cost shifting or saving?

"The social cost of sickness is incalculable.

"The prevention of disease is for the most part a matter of education, the cost is moderate, the results certain and easily demonstrated." (Haven Emerson [1874-1957]: *The Social Cost of Sickness*)

Because of the rising costs of medical care, wellness programs have attracted the attention of the business community and others interested in containing health care expenditures. The present rate of growth of health care costs promises to have considerable economic impact on the future of American business. Health costs alone may eliminate our competitive edge with foreign companies. With this in mind, a number of corporations have initiated programs designed to decrease immediate health care resource utilization by teaching employees what to do to stay healthy.

Health promotion has been accomplished by a variety of approaches. Preventive measures, such as vaccination or seat belt use, may be initiated before the disease or trauma occurs. Prevention also helps after the disease is established by reducing the severity of complications or producing stabilization or remission.

Many illnesses can be traced to poor behavioral choices in lifestyle; simple educational methods and reinforcement of learning can significantly alter morbidity. Smoking cessation, dietary control of obesity and proper nutrition, physical fitness and exercise, alcohol consumption reduction, reckless lifestyle reform, stress management, accident prevention, family planning, sexually transmitted diseases prevention, radiation control, prenatal care, infant health care, blood pressure control, immunization, occupational health and safety measures, and toxic agent and chemical controls are commonly targeted in wellness programs.

It appears to be true that worksite health promotion plans, such as AT&T's *Total Life Concept* or Johnson and Johnson's *Live for Life,* which embrace one or more of the behavior changes noted above, do result in decreases in the number and frequency of medical claims. Whether this is due to modification of lifestyle or to increased awareness of occupational health and safety measures remains a moot point. Cost-effectiveness data for these and other programs are just beginning to be reported. None have been in place long enough to determine long term trends, but the programs seem to have realized reductions in absenteeism and a health care cost efficiency for the working people not before achieved.

Wellness programs have the potential to generate short term economic gains in the working population and then rapid economic loss as the population ages. These economic losses will be evident in rising medical care costs for older groups and short term gains will be balanced as social security benefits and pensions are used when the younger become the elders. However, healthy people who pay full medical insurance premiums without commensurate use of the benefits will contribute more and longer to the insurance industry than persons who are ill. One could therefore expect to realize financial gain simply in terms of longer payment for services not utilized.

People could live well beyond the current retirement age if longer, healthier lives are achieved. Since 1900, the population has tripled; the over-65 age group has increased nearly eight times; the over 85 group, twenty-one times. The fastest growing age group is the elderly. Added pressure on the financing of elder medical care is imminent if wellness programs achieve full potential.

"Limitation of a major cause of death by a successful prevention strategy could have several effects for the health care system. . . . [T]he population will become older . . . more physician visits . . . more and longer hospital episodes."* Competition among health care providers for the lion's share of the market for services in less demand could drive prices up. Other risk factors will appear, replacing those that have been corrected, that will jeopardize the gains in life expectancy. Even the social desirability of the wellness trend has been questioned by some authors. Longer life spans, it is noted, have increased the number of disabled and dependent individuals while creating considerable economic burdens for their care.

Wellness programs do not assure immortality. Neither do radically changed lifestyles reverse the time and aging processes. Wellness programs seem to divide the world into the fit and the unfit, a sort of social Darwinism. However, even the achievement of wellness (fitness) does not insure that one will be eternally youthful or eternally fit.

Thomas, Lord Horder [1871-1955] noted, "Inevitably, the doctor's work in the future will be more and more educational, and less and less curative. More and more will he deal with the physiology and psychology of his patient, less and less with his pathology. He will spend his time keeping the fit fit, rather than trying to make the unfit fit."

David A. Smith, MD
Medical Editor

*Gori, G.B. and Richter, B.J.: Macroeconomics of disease prevention in the United States. Science 200: 1124-1130, 9 June 1978. p. 1129.

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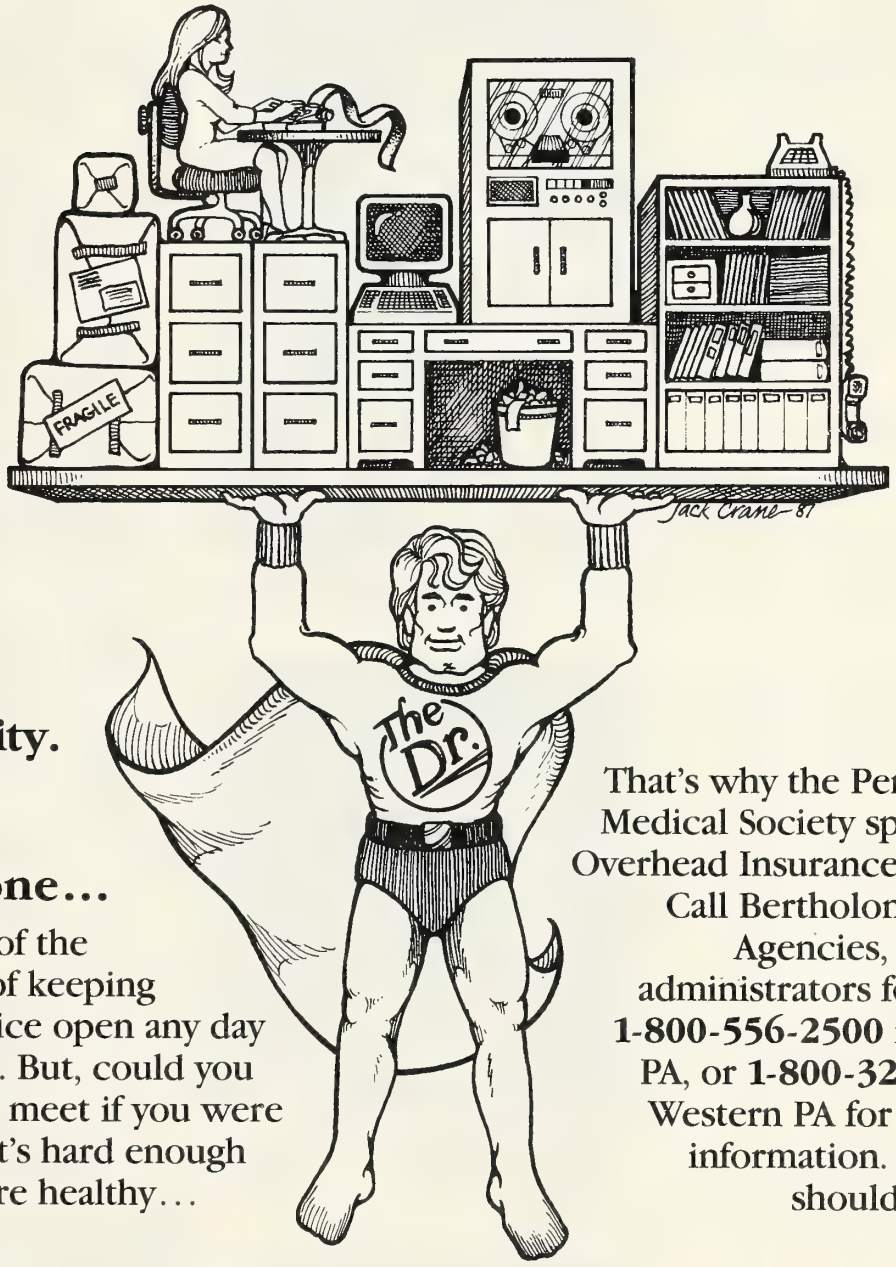

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Delegates adopt PMS policy on AIDS

Patricia L. Hogg

The PMS House of Delegates adopted an AIDS policy on acquired immunodeficiency syndrome (AIDS) at the Annual Business Meeting October 23–25. The policy, containing 21 guidelines on AIDS, addresses six areas of concern—patient care, education, testing, counseling, confidentiality, and public policy.

The House also took action on other issues including professional liability, cost containment, peer review, indigent care, and medical education.

AIDS policy

Delegates adopted the following policy on AIDS:

Patient care

1. Every HIV-infected person, including those with AIDS, should have access to compassionate and competent medical care in Pennsylvania.

Education

2. Physicians should strongly promote and participate in AIDS education programs in Pennsylvania schools, hospitals, nursing homes, and other appropriate settings.

3. Strenuous efforts must be made to insure that research data regarding AIDS and HIV infection is disseminated in a timely and effective manner to all members of the scientific community, including all health care workers.

4. A national study of the extent of HIV infection and AIDS should be undertaken to clarify the magnitude of the AIDS crisis in the U.S. population.

5. PMS should continue its Task Force on AIDS and give it the additional task of developing, in cooperation with all other interested parties, long-term solutions to the problems involving care of AIDS patients—both medical and socioeconomical.

Testing

6. Tests for HIV should be readily available to anyone who wishes to be tested. Tests should be subsidized for those who cannot afford them.

7. Testing should be mandatory for donors of blood and blood products, organs, tissue, semen, or ova intended for transplantation or infusion.

Reelected, James A. Raub, MD, is serving his third term as Speaker of the House of Delegates.

Jonathan E. Rhoads Jr., MD, of York, was reelected Vice Speaker of the House of Delegates. He ran uncontested.

8. Voluntary testing for evidence of HIV infection is recommended for the following groups:

a. Persons seeking treatment for or diagnosed as having a sexually-transmitted disease in any health care setting;

b. Persons seeking treatment for or having a history of IV drug abuse in any health care setting;

c. Persons who consider themselves at risk for HIV infection;

d. Women of child bearing age who have identifiable risks for HIV infection;

e. Pregnant women in high risk areas or who have identifiable risks;

f. Persons planning marriage;

g. Prison inmates; and

h. Prostitutes in any health care setting.

i. Persons undergoing medical evaluation or treatment should be similarly tested if their condition, history, or behavior suggests infection or risk of infection with HIV, or if they have received blood transfusions (or other high risk blood products) since 1978.

j. Voluntary testing for evidence of HIV infection among patients admitted to health care facilities is appropriate in high risk geographic areas or to determine the prevalence of HIV infection in the population served but such testing should be determined by local physicians and medical staffs.

9. Physicians should routinely recommend voluntary testing for HIV infection.

10. PMS encourages all physicians to submit to HIV testing.

Counseling

11. Patients should be counseled about effective strategies and behaviors for avoiding HIV exposure.

12. Individuals who test positive for HIV infection should be counseled about effective strategies and behaviors for the prevention of the spread of the virus and about methods for health protection in the instance of a compromised immune system. HIV-infected individuals should be counseled to alert sexual contacts, current and past (5–10 years), to be tested also.

Confidentiality

13. Every effort must be made by physicians and public officials to safeguard the confidentiality of patient medical information. This effort may require a re-examination and reformulat

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Holter monitoring and exercise stress studies—*Michael S. Feldman, MD*

3:20 - 3:40 p.m.
Cardiac rehabilitation and fitness—*Garo S. Garibian, MD*

3:40 - 4:00 p.m.
Behavior problems and employment—*Paul A. Van Ravenswaay, MD*

4:00 - 4:30 p.m.
Case presentations—*Vanessa Lucarella*

4:30 - 5:00 p.m.
Panel discussion—*David Mishalove, MD, Rajendra Seth, MD*

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ion of existing state and federal confidentiality statutes.

Public policy

14. Individuals testing positive for HIV infection should be reported to the appropriate public health officials or organizations in a confidential manner.

15. In the event that HIV-infected persons are unable or unwilling to reveal their test status to an intimate contact, mechanisms must be developed: (1) to warn unsuspecting sexual partners; (2) to protect physicians from liability for failure to warn or for warning appropriately unsuspecting third parties; and (3) to provide guidelines for public health authorities who need to trace unsuspecting sexual partners of an infected person.

16. Blatant disregard by an HIV-infected individual for the health of others should be subject to legal sanctions. Currently, preemptive sanctions, such as quarantine of HIV-infected individuals, seem unreasonable and unjustified.

17. In the case of death of a patient infected with AIDS virus, all parties who come into contact with the remains should be advised accordingly.

18. Physicians should urge government officials to increase the resources committed to AIDS testing, research, treatment, and counseling.

19. Physicians should participate in government efforts to develop anti-discrimination policies designed to protect the rights of those afflicted with AIDS or infected with HIV.

20. Physicians should participate in government efforts to develop cost-effective health care systems for HIV-infected and AIDS patients in Pennsylvania.

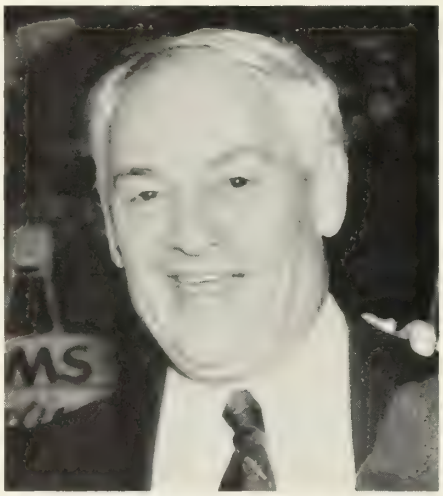
21. All new findings regarding HIV transmission and AIDS should be routinely applied to all AIDS policy guidelines, both existing and those in the formulation stages. The Pennsylvania Medical Society will serve as a vehicle for reviewing and disseminating such new findings and information on a regular basis.

The Society's policy was released to the public at a press conference held in Harrisburg on October 27. Gerald L. Andriole, MD, president elect and chairman of the Society's Task Force on AIDS; Robert C. Aber, MD, president of the Pennsylvania Society of Infectious Diseases and member of PMS's Task Force on AIDS, and Secretary of Health N. Mark Richards, MD, introduced the policy at the press conference.

Bylaws

As a result of changes made to the bylaws, the number of delegates to the House increased. One change provided for the creation of a Young Physicians Section. Brenda K. Baumann, MD, was seated as the delegate from that section. Any PMS member age 40 or under, or in the first five years of practice if over 40 is eligible to join the Young Physicians Section.

Delegates also voted to grant to former PMS trustees ex officio membership in the House of Delegates. The former trustees will not have the right to vote.



Gerald L. Andriole, MD, of Hazleton, advanced to the office of president elect.

Another bylaws change permits the student trustee to be reelected if he or she will not graduate before his or her term expires. The student trustee is elected for a one-year term.

The requirements for calling special meetings of the House were also revised in the bylaws. A special meeting may be requested at any time by: (a) nine members of the Board of Trustees; (b) 50 voting members of the House of Delegates; or (c) a total of at least 200 active or associate State Society members from at least four county medical societies representing at least two of the 12 different districts, providing a component society or societies having an aggregate membership of at least 200 physicians approves of such meeting.

Delegates, upon recommendation by legal counsel and the Board of Trustees, also voted to provide indemnification of directors. Under the provision, a PMS Board member or officer may not be held personally liable for money damages unless his action or failure to act constitutes self dealing, willful misconduct or recklessness, or unless liability is imposed according to criminal statute or for payment of taxes.

The House also adopted a resolution to encourage all Delegates to be members in PaMPAC, AMPAC, and the AMA.

Professional Liability

The House of Delegates voted to maintain the PMS Task Force on Professional Liability Initiative. The task force was charged to assist the Council on Governmental Relations in working for the passage of meaningful tort reform.

The House also voted to support House Bills 1828–1834, which are the medical liability-tort reform bills that have been introduced to the House.

In addition, delegates passed recommendations from the president to increase personal and individual efforts to gain public support of the PMS tort reform effort and to develop increased risk management programs aimed at improving service and better patient relationships.

Acting in response to threatening letters two PMS members received from the CAT Fund, the House decided to request the Board to seek a written explanation from the Medical Professional Liability Catastrophe Loss Fund.

The House also referred to the Board a proposal calling for revision of all malpractice contracts written in the state to permit defendants in a malpractice suit to change defense if the defense provided by the insurance company is not adequate.

Cost containment

With full implementation of the Health Care Cost Containment Act (Act 89) approaching, the PMS House considered numerous resolutions and recommendations concerning the cost containment issue. Delegates agreed to pledge PMS's support in making the purpose of the Cost Containment Act work.

The House resolved to request the Health Care Cost Containment Council to assure that any information released will be verified through expert review with a specified compilation methodology before its release.

The House also vowed to fully func

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and staff the new PMS Health Care Cost Containment Commission so that it may carry out its functions.

Because of the far reaching consequences of Act 89, the House voted to make the monitoring of Act 89 and its implications a prime objective for 1987.

Peer Review

Inconveniences caused by and complaints about the current peer review system led to the introduction of four resolutions that propose revision to the system. All four were referred to the Board.

The first resolved that PMS work with KePRO to develop an independent super review mechanism. In this case, an outside arbitration and review panel of qualified physicians would be appointed to make recommendations to KePRO on appeal-disputed cases that have received final denial but have been supported by the hospital UR committee and/or an independent physician specialist.

The second calls for PMS to instruct KePRO to revise and reevaluate its quality review process.

The third provides that PMS instruct KePRO to develop a physician reviewer scheduling system with sufficient lead time to assure that only qualified physicians in the same specialty will be doing second level physician review.

The fourth calls on the Society to develop a new appeal process that would continually asses the quality of KePRO review to assure its adequacy.

The House also voted to change the existing peer review system to include all U.S. governmental health care facilities. Delegates agreed that all physicians and facilities providing medical care should be subject to review.

Indigent care

Concern for the rising number of indigent people in Pennsylvania led the delegates to adopt numerous actions to aid the indigent. Three of the actions specifically aid indigent children.

The delegates decided to work with the Pennsylvania Chapter of the American Academy of Pediatrics (AAP) to improve the Early and Periodic Screening Diagnosis and Treatment Program (EPSDT) under Medical Assistance.

The delegates also determined to join the Pennsylvania Chapter of AAP in seeking support for legislation that would require all insurance policies sold or delivered in Pennsylvania to cover children regardless of financial barriers or pre-existing medical conditions.

A third resolution concerning indigent care calls for PMS to join the Pennsylvania Chapter of AAP in requesting from the state a study to assess the magnitude of the medical indigency problem for pregnant women and children. The data collected would be used to develop a plan for subsidizing health insurance for medically indigent families.

In addition, delegates resolved to identify criteria being utilized by the state in approving or denying coverage for hospital admission and to determine whether these criteria are appropriate in their application.

The House also adopted a recommendation that PMS establish a voluntary program to assure care by physicians for the indigent in Pennsylvania.

Medical education

If PMS has its way, the number of hours Pennsylvania's resident physicians must work will be altered. Delegates adopted the AMA priciples on residents' working hours including establishing guidelines for working hours based on specialty and intensity of service rendered.

The House also resolved to study the changing relationship between academic physicians and community practitioners. In particular, the study will highlight the impact of faculty practice on physician relations.

Delegates also mandated the provision of educational seminars for physicians and educational materials for patients regarding organ donation.

Dues

The House voted to keep full-dues-paying members' annual fees at $300 for 1988. No dues increase was needed to balance the proposed 1988 budget of nearly $6 million. Resident physicians will continue to receive their first year of membership free. Students' dues will remain at $5.

Other actions

In other matters, the House took stands on dispensing medications and filling prescriptions, joint venture contracts, certification of ancillary personnel who perform radiologic procedures, acid rain, third party payors, PaMPAC, and the Society's internal organization.

The House affirmed physicians' right to dispense medications to a patient if doing so is in the best interest of the patient. The House also decided to work toward changing regulations so that pharmacists may only alter prescriptions after consulting with the attending physician. It was also resolved that PMS monitor the advertising of prescription drugs and advise the federal and state governments, the AMA, the FDA, the FTC, and the pharmaceutical companies of the dangers involved in such a practice.

Delegates also adopted the policy that a patient must be informed of any economic relationship that may exist between a referral source and the entity to which the patient is referred.

The House also voted to ask the State Board of Medicine to insure the development of a limited certification examination for auxiliary personnel who perform radiologic procedures relating to the sinus, skull, and temporal bone.

Delegates resolved to join the Pennsylvanians for Acid Rain Control.

Delegates resolved that PMS assist the Pennsylvania Association of Home Health Agencies in obtaining consistent, fair, and simplified regulations from the Health Care Financing Administration that will result in timely payments for services rendered to Medicare patients.

The House referred to the Board a resolution regarding contracts with third party payors. The resolution declared (1) that the PMS membership be informed of any contracts being negotiated on behalf of PMS with third party payors that have programs impacting on physicians and their care of patients; (2) that these programs be closely monitored by ad hoc committees; (3) that the rules and guidelines be drawn so as to minimize conflicts of interest with involved PMS representatives; and (4) that the contracts are drawn so as to minimize the financial impact on individual members.

Delegates reaffirmed PMS's support of PaMPAC and its newly formed Keystone Club. The House also requested PaMPAC to provide members with candidate information prior to elections and urged PaMPAC to encourage potential candidates to run against previously unfriendly candidates who are running uncontested.

The White Paper on PMS Communications from the Committee on Long Range Assessment was approved and referred to the Board for implementation.

PMS

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New PMS administration set in place

The Society's next train of leaders were elected and set in place at the Society's Annual Business Meeting in Hershey in October. Former Board Chairman, J. Joseph Danyo, MD, York, won the vice presidency over Henry H. Fetterman, MD, Allentown, former chairman of the Finance Committee. Dr. Danyo will advance to the presidency in 1989.

President elect Donald E. Harrop, MD, Pheonixville, was sworn into the office of president at inauguration ceremonies Saturday, October 24. Vice President Gerald L. Andriole, MD, Hazleton, moved into the office of president elect.

Newly elected vice president, J. Joseph Danyo, confers with several delegates in between sessions of the House.

Board Vice Chairman John H. Hobart, MD, and Board Chairman Robert N. Moyers, MD, were elected at the reorganizational meeting of the Board of Trustees.

Dr. Danyo, an orthopedic surgeon at York Hospital, earned his premedical degree from the University of Scranton in 1953 and his medical degree from Jefferson Medical College of Thomas Jefferson University in 1959. He served his internship and half of his residency at Jefferson and then served the second part of his residency at the State Hospital for Crippled Children in Elizabethtown. Before starting his residency, he served as a lieutenant in the Navy for two years.

Dr. Danyo is board certified in orthopedic surgery, and is a member of the American College of Sports Medicine, the American Academy of Orthopedic Surgeons, the American Association for Hand Surgery, and the Eastern Orthopedic Society, and is a fellow in the American College of Surgeons.

Besides being active in the State Society, Dr. Danyo has been busy in his county medical society. He served as president of the York County Medical Society in 1977, and was a member of the society's board of directors.

At the state level, Dr. Danyo was most recently on the Board of Trustees. Elected to the Board in 1979, he was vice chairman in 1984 and 1985, and chairman in 1986 and 1987. Dr. Danyo also served on the boards of directors of the Pennsylvania Medical Care Foundation and the Pennsylvania Medical Society Liability Insurance Company, the Commission on Professional Liability Insurance, the Council on Medical Service, and the Publications Committee.

Five trustees also were elected at the Annual Business Meeting. John W. Lawrence, MD, was elected trustee for the Second District, Frederick G. Brown, MD, for the Fourth District, Herbert C. Perlman, MD, for the Fifth District, Ferdinand L. Soisson Jr., MD, for the Eleventh District, and Jeannine R. Hahn, MD, for the Resident Physician Section.

Dr. Lawrence, a rheumatologist from Media, has served as chairman of the Council on Legislation and of the Society's Task Force on Professional Liability Initiative. He has also been active on the county level, serving on the

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Board of Directors, and as president and chairman of several committees of the Delaware County Medical Society.

Dr. Brown practices internal medicine, specializing in nephrology, at Geisinger Medical Center, Danville. A graduate of the University of Pittsburgh School of Medicine, Dr. Brown is certified by the American Board of Internal Medicine. He has served on the Council of Medical Practice, the Council on Legislation, and the Council on Governmental Relations, and has chaired several reference committees for PMS.

A diagnostic radiologist in Carlisle, Dr. Perlman is active in both the state and county medical societies. In PMS, he has served on the Council on Medical Practice, the Committee on KePRO Oversight, and the Council on Education and Science. In the Cumberland County Medical Society, he has been on the Board of Directors and currently holds the position of secretary/treasurer. Dr. Perlman is a graduate of Jefferson Medical College.

Dr. Soisson is a board certified obstetrician/gynecologist, practicing in Johnstown. He has served on PMS's committees on professional liability insurance, and bioethics, and on the Commission on Health Planning. At the county level, he has served on the Board of Directors, and as president and assistant treasurer of the Cambria County Medical Society. Currently, he is secretary of the county society and on the nominating and public relations committees, and the Legislative Action Team. He graduated from Georgetown University School of Medicine.

Reelected to the Board, Dr. Hahn is serving a surgical residency at Abington Memorial Hospital in Abington. She serves on PMS's Publications Committee, AIDS Task Force, and Council on Membership, and is chairman of the Resident Physician Section. She also serves as a resident physician section delegate to the AMA residents section. She is a graduate o Hahnemann University.

Both James A. Raub, MD, Sewickley and Jonathan E. Rhoads Jr., MD, York were reelected to the offices of speake and vice speaker of the House of Dele gates. J. Preston Hoyle, MD, Lewis burg, was elected to a three-year tern on the Committee to Nominate Dele gates and Alternates to the AMA, anc Matthew Marshall Jr., MD, Pittsburgh was elected to a one-year term on tha committee. George P. Rosemond, MD Lancaster, and D. Ernest Witt, MD Bloomsburg, were elected to the Judi cial Committee.

The House also chose nine physician to serve two-year terms as delegates t the AMA. Elected were: Gerald L. An driole, MD, (Luzerne County); Donal C. Brown, MD, (Westmoreland County) Joseph N. Demko, MD, (Lackawann County); George Ross Fisher III, MD (Philadelphia County); Gordon K. Mac Leod, MD, (Allegheny County); Wil liam H. Mahood, MD, (Montgomer County); Timothy J. Michals, MD (Philadelphia County); Robert N. Moy ers, MD, (Crawford County); and Jona than E. Rhoads Jr., MD, (York County)

Elected to two-year terms as Alter nate Delegates to the AMA were: Mar C. Barton, MD, (Dauphin County); Jo seph B. Blood, MD, (Bradford County) Ronald J. Clearfield, MD, (Westmore land County); James L. Cristol, MD (Philadelphia County); Joseph A Girone, MD, (Bucks County); Lee H McCormick, MD, (Allegheny County) Michael J. Prendergast, MD, (Yor County); Barbara A. Shelton, MD (Philadelphia County); and Donald H Smith, MD, (Northampton County) Elected to one-year terms as alternat delegates were: Richard D. Baltz, MD (Dauphin County); James B. Couch MD, (Philadelphia County); and Donal G. Ferguson, MD, (Allegheny County)

At the Board of Trustees' reorganiza tion meeting held after the House ses sions, Robert N. Moyers, MD, Mead ville, was elected as chairman of th Board, John H. Hobart, MD, Easton was elected as vice chairman, an David L. Miller, MD, New Bethlehem was elected secretary of the Society David A. Smith, MD, was reappointe medical editor of PENNSYLVANIA MEDI CINE.

A complete directory of the Society' new officers and council and committe members will be published in the Janu ary 1988 issue.

New Eleventh District Trustee Ferdinand L. Soisson, MD, speaks with Immediate Past President R. Robert Tyson, MD.

New trustees Frederick G. Brown, MD, of the Fourth District, John W. Lawrence, MD, of the Second District, and Herbert C. Perlman, MD, Fifth District, participate in their first Board meeting.

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Dr. Harrop divulges plan to lead PMS

In his inaugural address to the House of Delegates at the opening session of the 1987 Annual Business Meeting, new PMS President Donald E. Harrop, MD, asked for House action concerning tort reform, governmental relations, Pennsylvania's AMA delegation, and cost containment.

Dr. Harrop, a general practitioner in Phoenixville, is the Society's 138th president. He was sworn into office at an inauguration ceremony on October 24 during the Society's Annual Meeting in Hershey.

"Our course has not been easy. There is only one solution to the problem of tort reform and that is to 'decrease the pot.' Any legislative reform that does not do that is meaningless," Dr. Harrop said.

He urged the delegates to maintain the Society's Task Force on Professional Liability Initiative and recommended the task force do all it can to help the Council on Governmental Relations as it works toward tort reform.

Dr. Harrop also advised the delegates to support House Bills 1828 through 1834, tort reform legislation introduced on October 13, and recommended that any reform must include "meaningful provisions, including structured awards and/or reduction of awards to present worth and some reform of the collateral source rule."

In response to rising governmental intervention in the practice of medicine, Dr. Harrop suggested that the Council on Governmental Relations, the Society's political action committee, and PMS's lobbyists increase their activities.

He recommended the Society increase its presence in Washington with Pennsylvania's congressional delegation and staff, and that PMS especially boost its presence in the bureaucracies affecting medicine. To do this, he said the Society must bolster AMA efforts with strong grass roots involvement.

Dr. Harrop also urged the House to fully support PaMPAC and encourage all Society members to join PaMPAC and the Keystone Club, which is PaMPAC's new membership category that recognizes contributors of $250 or more.

"Our PAC has [illegible]wn, but it is deplorable that only 20 percent of the membership of this Society is willing to spend a few dollars to support its efforts. We must get much more active in the political arena," Dr. Harrop said.

To get PaMPAC members informed

Donald E. Harrop, MD, Phoenixville, was installed as the 138th president of the Pennsylvania Medical Society.

on statewide judicial elections, Dr. Harrop called for PaMPAC to distribute background material on the candidates and their endorsements. He also asked PaMPAC to use special care in monitoring next year's state House and Senate races and to encourage people to run against candidates who have not been friendly to the Society and who are running uncontested.

In addition, Dr. Harrop noted that the Pennsylvania Delegation to the AMA needs to be strengthened. "The Pennsylvania Delegation to the American Medical Association has come under a lot of fire lately. The delegation has not been a cohesive unit; its influence in the AMA has not been what it used to be; total support of PMS positions has not always been present. We spend nearly 3 percent of our total budget—$166,000—for our delegation to go to the AMA meetings," he said.

He urged the House to choose the AMA delegates wisely—"on the basi of performance, not on personality." H also asked the House to affirm th Board of Trustees' policy that delegate to the AMA must support PMS resolu tions and policy on matters before th AMA, unless they are excepted by th chairman of the AMA delegation. D Harrop also suggested the AMA Dele gation develop records of attendanc and voting on each delegate, and kee the House informed of these records.

Another of Dr. Harrop's recommen dations asked that the immediate pas president and the chairman of th Board of Trustees be made ex offici members (with the right to vote) of th Committee to Nominate Delegates an Alternate Delegates to the AMA.

On the issue of cost containment, D Harrop said, "Nothing in recent time will affect the doctors and hospitals i our Commonwealth quite like Act 89 o 1986—the so-called Health Care Cos Containment Act."

"Each and every physician in thi Commonwealth must become familia on just how deeply Act 89 will impac on your practice and on your public im age," he told the delegates. "Busines and labor seem most interested in dat collection and dissemination in Act 8 The politicians seem most interested i the medical indigence aspects of Act 8 Regardless, both are moving forwar rapidly and all physicians *must* kno what is going on."

Dr. Harrop recommended that th House fully fund and staff the Society Health Care Cost Containment Com mission so that it can carry out the fo lowing functions: the dissemination c information to all PMS members, th representation of PMS at any publi hearings, and the education of all PM spokesmen on activities in this area.

Dr. Harrop also recommended tha the Board of Trustees give task forc status to the commission if needed. A a task force the Commission would r port directly to the Board.

Moreover, concerned that the counc may consider mandated participation i Medicare by physicians as a conditio for licensure, Dr. Harrop asked th House to affirm the Society's lon standing policy that the only conditio for medical licensure in the state be th

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qualifications of the doctor.

In addition, Dr. Harrop requested that the monitoring of Act 89 of 1986 and its implications be a prime objective of the Society next year.

Dr. Harrop's other recommendations included a series on AIDS. He asked the House to adopt the report of the Task Force on AIDS with the additions of mandatory testing for all hospital patients and for couples planning to be married. He also encouraged all physicians to submit to HIV testing every six months. In addition, he advised the House to continue its support of the Task Force on AIDS, giving it the responsibility of developing long-term solutions to the medical and socioeconomical care of infected patients.

Dr. Wollman dean at Hahnemann

Harry Wollman, MD, Philadelphia, has been appointed vice president for academic affairs and dean of the school of medicine at Hahnemann University, Philadelphia. Dr. Wollman previously served 15 years as chairman of the department of anesthesia at the University of Pennsylvania.

Dr. Wollman listed as priorities strengthening the university's research mission and improving student activities and facilities. A graduate of Harvard Medical School, he served an internship at the University of Chicago Clinics and completed training in anesthesia and pharmacology at the University of Pennsylvania.

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Dr. Tyson looks to the future

In his farewell address to the PMS House of Delegates, R. Robert Tyson, MD, immediate past president of the Society, targeted three areas of Society concern. He urged the House to increase support for tort reform, continue support for the purpose of cost containment, and strenghten its AMA delegation.

Looking ahead, Dr. Tyson said that the medical profession is undergoing many significant changes. "It is important to participate in the changes and not just react to them," Dr. Tyson said.

He recommended that the House escalate personal and individual efforts to gain public support for the PMS tort reform package, even though the package will only limit increased costs. He also urged the House to develop increased risk management programs aimed at improving service and patient relationships. He said that it is essential for physicians to talk to their patients about the liability crisis. This communication is the only way to get public support and to contain costs, he said.

Dr. Tyson also advised the House to continue its support of health care cost containment so that the *purpose* of the Cost Containment Act will work. He suggested a solution to the cost containment problem may be the "Buy Right" program, and urged the House to continue its support of this program.

To assure that the indigent in Pennsylvania are receiving the care of physicians, Dr. Tyson asked the House to establish a voluntary physician care program, modeled after the Ohio program.

"Our profession used to take pride in our charity," he said. "Where is our charity?"

He urged the delegates to donate a little of their time and money to assist the growing indigent population.

In addition, Dr. Tyson recommended to the House that it "pay close attention to the recommendations of the Committee to Nominate Delegates and Alternates to the AMA." He suggested that in the future the AMA delegation positions be slotted numerically for elections.

He also critiqued the structure of the Society and recommended that PMS consider replacing councils with committees and task forces. The monitoring functions of these entities would then be carried out by a member of the PMS staff. He asked that the president and board chairman form a study committee, comprised of a past president and Board and House leadership, to look into the feasibility of such a structure.

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State reports 1,131 AIDS cases

Updated Pennsylvania AIDS statistics released by the state Health Department list a total of 1,131 cases of the deadly infection. Of that number, 709 people have died, a 63 percent fatality rate. The statistics cover the period 1981 through October 23, 1987.

National figures as of October 12 list 42,370 cases. Of that number, 24,698 have died—a case fatality rate of 58 percent.

The new state figures continue to place Pennsylvania seventh in the nation for the number of confirmed cases behind New York (12,012), California (9,747), Florida (2,946), Texas (2,894), New Jersey (2,552), and Illinois (1,186).

State adult/adolescent cases—considered by the Health Department as age 13 and above—make up 1,119 of the 1,131 cases. Of the 1,119 cases, 70 percent involve homosexual or bisexual men. Intravenous drug users make up 10 percent, while 8 percent are made up of homosexual or bisexual men who also use intravenous drugs. Those top three groups account for 88% of the adult/adolescent cases. Other groups include hemophiliacs (3%), transfusion with blood or blood products (3%), and heterosexual contact (2%). The remaining 4% are grouped under other reasons.

Of the 12 pediatric AIDS cases, 10 were passed on by a parent with AIDS or who is a carrier of the AIDS virus. The other two pediatric cases involve a hemophiliac and a case acquired through blood transfusion.

Males account for 1,069 of the 1,131 cases.

Whites total 655 cases; Blacks, 389; Hispanics, 84; Asians, 2; and unknown race, one.

The age group 30-39 years account for 485 cases (43%), followed by ages 20-29 (258 cases—23%), 40-49 (230 cases—20%), 50 and over (137 cases—12%), 12 and under (12 cases—1%), and 13-19 (nine cases—1%).

Although 50 of the state's 67 counties have at least one confirmed AIDS case, state Health officials say that seven counties account for 921 of the 1,131 cases. Those counties are Philadelphia (631 cases), Allegheny (109 cases), Delaware (48 cases), Bucks (44 cases), Montgomery (40 cases), Dauphin (27 cases), and Berks (22 cases).

Other counties in double figures include Westmoreland (17 cases), Lancaster (16 cases), Chester (15 cases), York (14 cases), Lehigh and Northampton (12 cases each), and Luzerne (11 cases).

State mental health systems under new director

Governor Robert P. Casey has appointed Martha B. Knisley deputy secretary for mental health in the Department of Public Welfare. She will develop recommendations for revamping the state's mental health system and programs, and assess the adequacy and effectiveness of the overall program.

This will include such major changes to the system as:

- Developing a realistic long term plan for providing health services to mentally ill Pennsylvanians.
- Reorganizing and developing clear lines of responsibilities for mental hospitals and community-based mental health programs.
- Defining the types of patients who should be cared for in mental hospitals.
- Expanding community residential and case management services to achieve overall systems integration.
- Restoring fiscal accountability and management integrity in the 16 state mental hospitals.
- Integrating funding streams to provide flexibility in services development and management of fiscal resources.

As deputy director of the Ohio Department of Mental Health, Knisley was responsible for the oversight of the state's 17 mental hospitals and a $400 million annual budget. She also served as Ohio's deputy director for mental health program and policy and as the deputy commissioner for the Division of Mental Health Facilities and Services.

In her new position, she will be responsible for the operation of 16 state mental hospitals serving more than 7,000 patients, and the funding and management of community mental health activities, totaling more than $600 million annually. She assumed her new duties November 5.

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Contraindications: *Concomitant use with other potassium-sparing agents such as spironolactone or amiloride. Further use in anuria, progressive renal or hepatic dysfunction, hyperkalemia. Pre-existing elevated serum potassium. Hypersensitivity to either component or other sulfonamide-derived drugs.*
Warnings: ***Do not use potassium supplements, dietary or otherwise, unless hypokalemia develops or dietary intake of potassium is markedly impaired.*** *If supplementary potassium is needed, potassium tablets should not be used. Hyperkalemia can occur, and has been associated with cardiac irregularities. It is more likely in the severely ill, with urine volume less than one liter/day, the elderly and diabetics with suspected or confirmed renal insufficiency. Periodically, serum K^+ levels should be determined. If hyperkalemia develops, substitute a thiazide alone, restrict K^+ intake.* ***Associated widened QRS complex or arrhythmia requires prompt additional therapy.*** *Thiazides cross the placental barrier and appear in cord blood. Use in pregnancy requires weighing anticipated benefits against possible hazards, including fetal or neonatal jaundice, thrombocytopenia, other adverse reactions seen in adults. Thiazides appear and triamterene may appear in breast milk. If their use is essential, the patient should stop nursing. Adequate information on use in children is not available. Sensitivity reactions may occur in patients with or without a history of allergy or bronchial asthma. Possible exacerbation or activation of systemic lupus erythematosus has been reported with thiazide diuretics.*
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Adverse Reactions: *Muscle cramps, weakness, dizziness, headache, dry mouth, anaphylaxis, rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting, diarrhea, constipation, other gastrointestinal disturbances; postural hypotension (may be aggravated by alcohol, barbiturates, or narcotics). Necrotizing vasculitis, paresthesias, icterus, pancreatitis, xanthopsia and respiratory distress including pneumonitis and pulmonary edema, transient blurred vision, sialadenitis, and vertigo have occurred with thiazides alone. Triamterene has been found in renal stones in association with other usual calculus components. Rare incidents of acute interstitial nephritis have been reported. Impotence has been reported in a few patients on 'Dyazide', although a causal relationship has not been established.*
Supplied: ***'Dyazide' is supplied as a red and white capsule, in bottles of 1000 capsules; Single Unit Packages (unit-dose) of 100 (intended for institutional use only); in Patient-Pak™ unit-of-use bottles of 100.***

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physicians in the news

Joel Morganroth, MD, Villanova, has been named the director of cardiac research and development at the Graduate Hospital in Philadelphia. He is professor of medicine and pharmacology at Hahnemann University, the director of the Sudden Death Prevention Program at the Likoff Cardiovascular Institute of Hahnemann University Hospital, and director of the National Cardiovascular Research Center in Haddonfield, New Jersey.

Northwestern Institute's executive director Marc Lazarus has announced the appointment of **George M. Wohlreich, MD,** Merion, as medical director. Dr. Wohlreich specializes in the treatment of adolescents and patients with character disorders.

Philadelphia ophthalmologist **Milton J. Freiwald, MD,** was inducted into the West Philadelphia High School Hall of Fame on October 21.

The Philadelphia College of Physicians has honored **James J. Burke, MD,** a member of the neurology staff at Albert Einstein Medical Center, Northern Division, with the Blockley/Osler Award for clinical teaching excellence. A graduate of the University of Rochester School of Medicine and Dentistry, Burke served at the University of Michigan Hospitals, Ann Arbor, prior to joining Einstein.

Edward A. Jaeger, MD, professor of ophthalmology at Jefferson Medical College and attending surgeon at Wills Eye Hospital, was recently selected chairman of the Section on Ophthalmology, College of Physicians of Philadelphia.

The Bannett Transplant Institute at Albert Einstein Medical Center has appointed **Michael Morris, MD,** Horsham, as transplant surgeon. The institute specializes in kidney and pancreas transplants and has performed almost 500 such procedures to date.

Ronald S. Banner, MD, FACP, is chairman of the Jewish Medical Ethics Study Group of the Albert Einstein Medical Center. He is moderator of rounds in ambulatory medicine at Jeanes Hospital and a fellow of the Academy of Psychosomatic Medicine.

Harry Gottlieb, MD, Lafayette Hill, clinical professor of medicine at the Medical College of Pennsylvania (MCP), has been elected chairman of the Medical Board of MCP Hospital. Director of the section of diabetes mellitus and metabolic disease in MCP's department of medicine, Dr. Gottlieb is in private practice in Bala Cynwyd.

Joseph T. Ichter, MD, recently retired from his position as vice president for medical affairs at Pennsylvania Blue Shield to assume new duties as senior medical director for Blue Cross of Northeastern Pennsylvania. A pediatrician, Dr. Ichter was with Blue Shield for 14 years. He practiced pediatrics in Doylestown prior to assuming his duties at Blue Shield.

Sri Kottapally, MD, has been appointed director of radiation oncology at Monongahela Valley Hospital's Cancer Treatment Center. Previously he served as the acting director of radiation oncology and clinical assistant professor of radiology at Milton S. Hershey Center.

The Clearfield County Medical Society recognized former Clearfield physician **Fred Pease, MD,** for his 50 years of service at its September 17 meeting. Society president **Carmela Lugue, MD,** presented Dr. Pease with a plaque and lapel pin.

Richard A. Ellis, MD, attending surgeon at Wills Eye Hospital and Graduate Hospital, and clinical professor at Jefferson Medical College of Thomas Jefferson University, has been elected to the American College of Eye Surgeons, a newly-formed group of eye surgeons who specialize in cataract and lens implant surgery.

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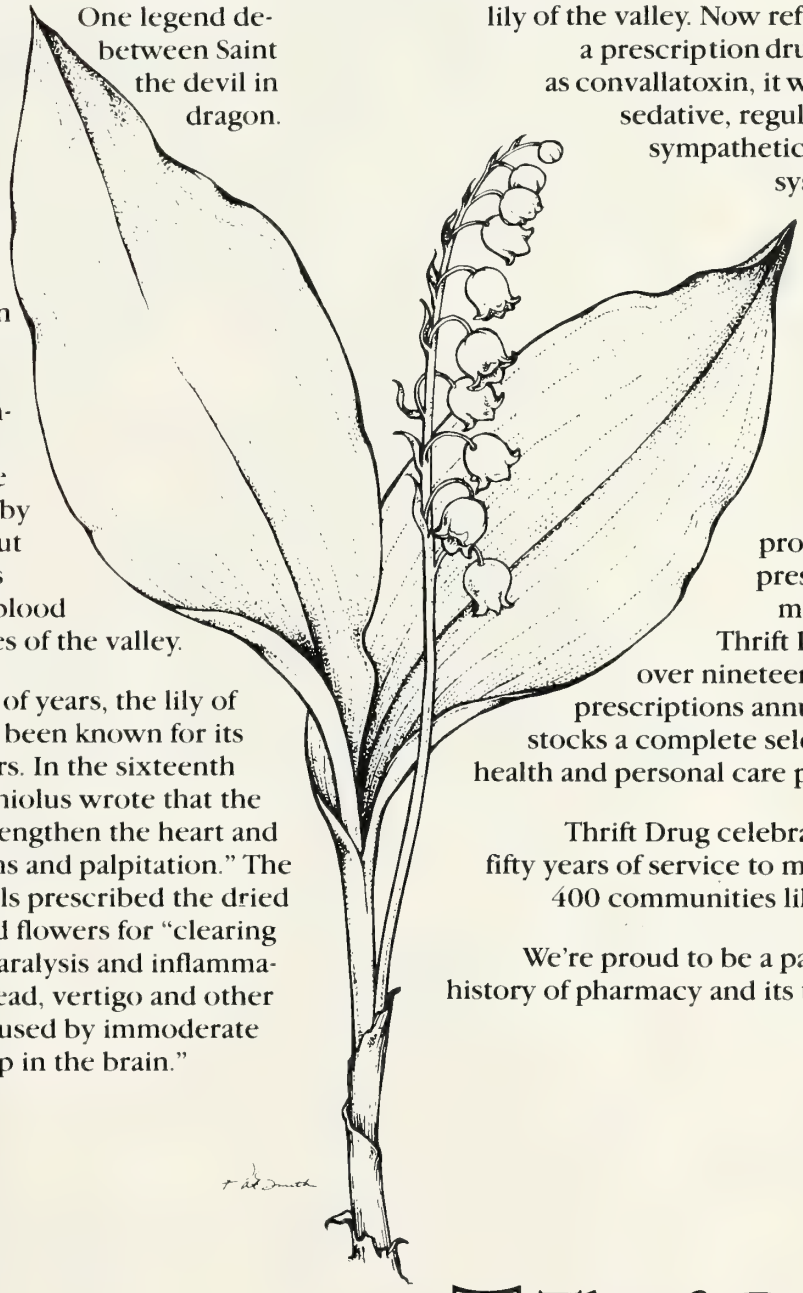
Lily of the Valley

Convallaria majalis

In medieval times, many tales were told of flowers blooming amidst a field of battle. One legend describes a duel between Saint Leonard and the devil in the form of a dragon. The fight raged for three violent days in a dark forest in Sussex, known since as St. Leonard's Forest. Poisonous weeds grew from the blood spilled by the dragon. But the victorious St. Leonard's blood produced lilies of the valley.

For hundreds of years, the lily of the valley has been known for its healing powers. In the sixteenth century, Matthiolus wrote that the plant will "strengthen the heart and combat spasms and palpitation." The ancient herbals prescribed the dried and powdered flowers for "clearing the brain in paralysis and inflammations of the head, vertigo and other conditions caused by immoderate cold and damp in the brain."



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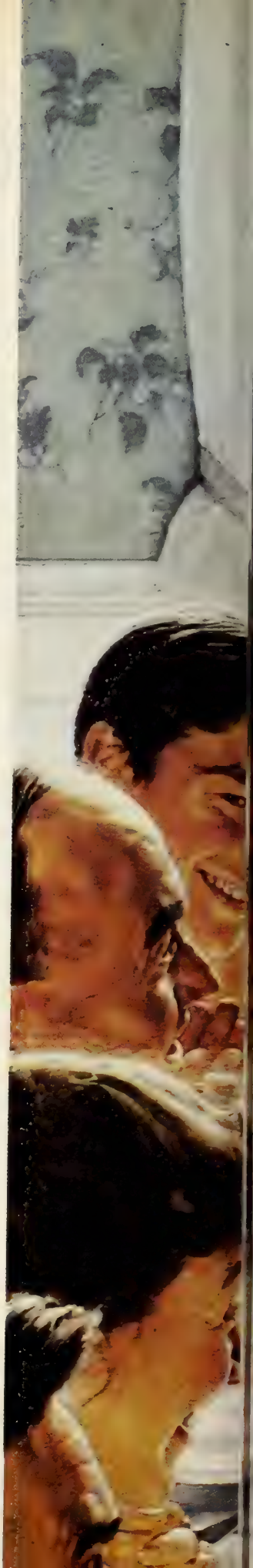

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Wednesday, April 20, 1988

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Contraindications: Known hypersensitivity to the drug.
Warnings: Warn patients that mental and/or physical abilities required for tasks such as driving or operating machinery may be impaired, as may be mental alertness in children, and that concomitant use with alcohol or CNS depressants may have an additive effect. Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage. Withdrawal symptoms (including convulsions) reported after abrupt cessation of extended use of excessive doses are similar to those seen with barbiturates. Milder symptoms reported infrequently when continuous therapy is abruptly ended. Avoid abrupt discontinuation, gradually taper dosage.
Usage in Pregnancy: **Use of minor tranquilizers during the first trimester should almost always be avoided because of increased risk of congenital malformations as suggested in several studies. Consider possibility of pregnancy when instituting therapy; advise patients to discuss therapy if they intend to or do become pregnant.**
Precautions: In the elderly and debilitated, and in children over six, limit to smallest effective dosage (initially 10 mg or less per day) to preclude ataxia or oversedation, increasing gradually as needed and tolerated. Not recommended in children under six. Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients and hyperactive aggressive children. Employ usual precautions in treatment of anxiety states with evidence of impending depression, suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically. Due to isolated reports of exacerbation, use with caution in patients with porphyria.
Adverse Reactions: Drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido – all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally, making periodic blood counts and liver function tests advisable during protracted therapy.
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in my opinion

Help for drug abusers

Abraham J. Twerski, MD

There may be a few minor variations, but the pattern is quite consistent.

Some marijuana and drinking during college. Nothing big, just what everyone else did.

Some partying during medical school. Again, no major catastrophies.

Somewhere along the line there occurred a condition that warranted analgesia: a severe lumbo-sacral sprain or a fractured elbow. Percocets relieved the pain, but they also produced a pleasant feeling that is rather difficult to describe. Or perhaps a severe cough that warranted a codeine derivative antitussive, and again its effective action was well remembered.

Sometime during residency or early in practice the stress became overwhelming. On call all night, followed by a full day's grueling work. Studying for the boards, pressure from the attendings and chiefs of service, and demands by the family for more time together. My God! I'm only human. Get off my back, everyone!

And then the memory clicked in with recollection of the respite provided by the oxycodone, meperidine, or dihydrocodeinone. All I want is just a few hours of peace. Am I not entitled to that? I'm not going to get addicted! I'm a doctor! I know how much medication I can take and when not to take it.

The self-deception has begun and it continues until the narcotics agents appear with a warrant. While you have been deluding yourself, the narcs have remained on the alert. They have the scripts that you wrote for your mother-in-law (living or deceased) or for patients whose medications you happened to pick up at the drug store. They've got you, and if they make the felony charges stick, you automatically lose your license to practice medicine for ten years. No appeals, no way out. Get a job driving a cab, my friend. You're finished.

Dr. Twerski is the founder and medical director of Gateway Rehabilitation Center in Aliquippa. This article is reprinted from The Bulletin of the Allegheny County Medical Society.

This story may be you, your associate, or a fellow house officer. Whatever, the self-delusion is so complete that the person affected is helpless to recognize the addiction and its disastrous consequences.

How often does this occur? No one knows for certain, but whether it is one out of 15 or one out of 100, what difference does it make? It is a colleague who is trapped in quicksand and cannot extricate himself.

But we can help. We can recognize changes in behavior that we have been just too willing to overlook. We can help, and we can save—before the narcs enter the picture.

The Pennsylvania Medical Society now has a full-time medical director of the Impaired Physician Committee. Every hospital and every medical school in the commonwealth ought to be beleaguring Dr. Robert McDermott's office with demands for help in setting up guidelines, programs, and inhouse education for early detection and treatment.

That is, if they care . . . □

A HELPING HAND FOR THE TROUBLED PHYSICIAN

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To learn more about the Impaired Physician Program, write: Impaired Physician Program, Pennsylvania Medical Society, 20 Erford Road, Lemoyne, PA 17043.

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capital commentary

Success for tort reform demands participation

Robert H. Craig, Jr.

Jerry L. Rothenberger

Larry L. Light

Now that the Civil Justice Coalition's seven-bill package, House Bills 1828 through 1834, (HB-1834 is the medical liability reform bill) has been introduced in the Pennsylvania House of Representatives, the question most often asked is: When will the bills be voted out of the Judiciary Committee and passed?

Across the state, physicians and medical society auxilians ar working to build support for the coalition's seven-bill package. The first hurdle is to get the bill out of the House Judiciary Committee where it has been referred for consideration. Of course, the second hurdle is passage on the House floor. Following that, the scene shifts to the Senate where the same barriers must be negotiated.

Looking at the track record of the General Assembly, we can analyze percentages of anticipated success based on the 1985-86 legislative session. But, before we look at the numbers, it is important to realize that each piece of legislation is unique. Bills become laws for a greater variety of reasons. When you make the effort to build grassroots support among the public, physicians, and legislators you are doing the right thing to make liability and tort reform more possible.

There were a total of 4,621 bills introduced in the General Assembly during the 1985-86 session. In the House there were 2,896, and in the Senate 1,725. Of these, 446 were signed by the governor, so 9.65 percent of the bills introduced actually became laws.

With less than 10 percent of the bills successfully negotiating the legislative process over a two year period, the odds are not favorable by Las Vegas standards. But they are also not so dismal as to preclude introduction of legislation. Some bills get through. What makes the difference?

Whether you are inside the system as a legislator, outside as a private citizen, or in the middle as a lobbyist, the view of the legislative process is quite similar. That process by which a bill becomes a law has evolved into a maze that is difficult to transverse. The process also guarantees that the end product is worth seeking.

Forty members of the House of Representatives are sponsoring House Bill 1834, the Society's medical liability/tort reform bill. Representative Kenneth E. Brandt explains the bill to the press at the press conference on September 28. Joining him are (left to right) Donald E. Harrop, MD, president of PMS, and Representatives Harold F. Mowery Jr. (Cumberland County), Walter F. DeVerter (Juniata, Mifflin, and Perry Counties), Samuel W. Morris (Chester County), and J. Scot Chadwick (Bradford County), the prime sponsor of House Bill 1834.

The advantage clearly lies with the opponents of a piece of legislation. A bill can be killed in committee, amended in committee, referred to another committee, defeated on the floor, amended on the floor, or even left unattended on the legislative calendar or in a conference committee. Each amendment, especially one changing significant language in the bill, takes on new meaning for the position of opponents and proponents of the legislation.

In truth, this is a game that "isn't over until it is over," and the bill is signed into law. And even then, a new law passed the next day, or the next year, can amend or repeal the language that took so long to get to the governor's desk. For those reasons, it is important to cover all the bases, and to chart the legislative process just as carefully as the progress of a hospitalized patient.

In the 1985-86 session a bill introduced in the House of Representatives had a significantly better chance of being signed into law than a Senate bill. Of the 446 Acts, 331 of the bills had been introduced into the House and 155 in the Senate. The number of bills that are introduced and passed in one chamber, but which then die when sent to the other chamber for action indicates that House bills fared better in 1985-86. The House killed 56% of bills sent over from the Senate while the Senate denied consideration to only 39% of the bills received from the House.

Even bills that pass both the House and Senate have an uncertain fate. There were 40 bills that passed both the House and the Senate, and then died in conference committee or were vetoed by the Governor.

Do the Civil Justice Coalition bills have what it takes? Will they be among

The authors are the staff of the Council on Legislation. Mr. Craig is director, Mr. Rothenberger is assistant director, and Mr. Light is legislative liaison.

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the approximately 20% of legislation that is considered and passed by at least one chamber, and 10% of the bills that are signed into law by the Governor?

Among the bills introduced but not considered or passed each session are a great many similarities which would seem to cut the odds. Very simply, many of the bills are the same. For example, there are six bills introduced to require applicants for a marriage license to be screened for exposure to the HIV antibody. We also know that many of the bills are introduced session after session by the same sponsor. Those bills become old favorites that may not be given serious attention by committee chairmen.

Some of the bills die in committee because the research by committee staff reveals them to be unworkable or perhaps even unnecessary. Obviously, the reason many die is strong opposition by a special interest group or political party. Another reason is that the proponents of the legislation never develop into a strong enough force to bring the bills to consideration. There may be no opposition, but there may also not be sufficient support.

Whether or not the coalition's seven-bill package is signed into law, we do know that legislation can escape the fate of no committee action. And we know some of the basic reasons to make it work—usually.

Legislators respond to constituents who contact them with constructive and rational comments for or against a bill. The response may vary, and may even be unyielding. Legislators can say no, and they can remain unconvinced or uncommitted.

But they also can say yes. They may agree to contact colleagues on the House Judiciary Committee to ask that the bill be brought up for a vote. They can respond and indicate that they support passage of the legislation.

The legislative process is designed to allow the opportunity for question and debate on issues of public interest. It is into this process that we invite physicians and auxilians across the state. The need is for the active participation of constituents who support a specific legislative package addressing the key issues of medical liability, product liability, and tort reform.

Here's What Your Fellow Pennsylvanians Think About the Liability Problem

Early this year the Pennsylvania Medical Society commissioned a statewide public opinion poll on the liability question. Professional pollsters called 1500 registered voters all across Pennsylvania. Here are highlights:

☐ Present state liability laws are causing major problems for the residents of Pennsylvania, and should be changed.

Change Laws	53%
Unsure	32%
Not Change Laws	15%

☐ Should damages be paid in installments over time as needed?

Yes	70%
Unsure	5%
No	25%

☐ In medical cases should expert witnesses be required to be specialists in the same field?

Yes	83%
Unsure	3%
No	15%

☐ Should Pennsylvania law be reformed to prevent double payments to the plaintiff?

Yes	76%
Unsure	5%
No	21%

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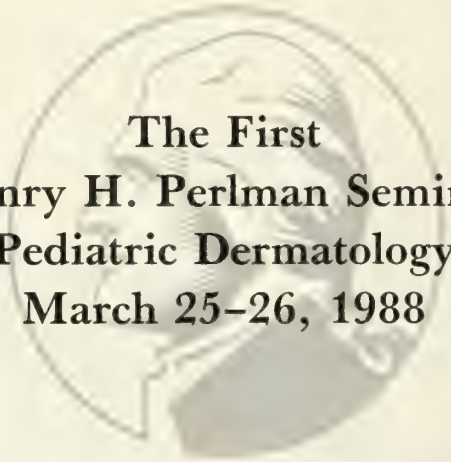

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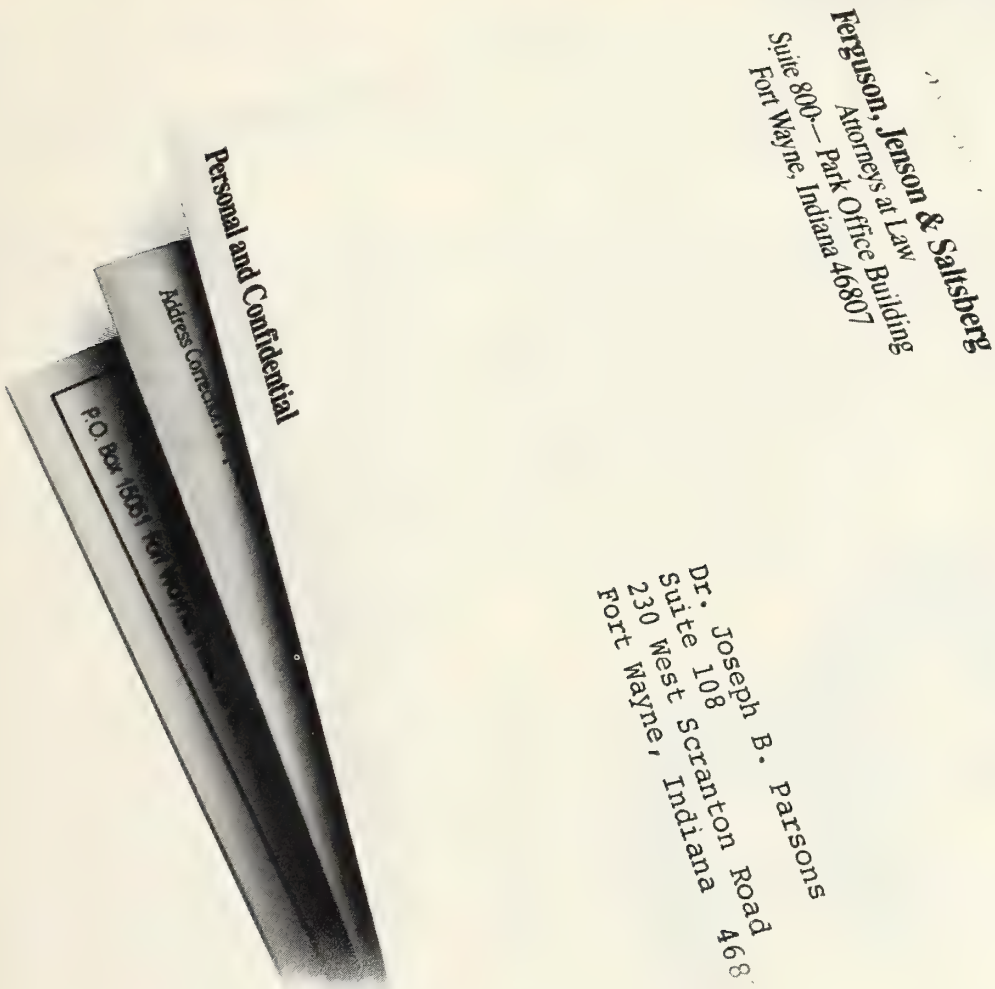
Crisis in black and white.



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special feature

Questioning the physician's broader responsibility

Leif C. Beck, LLB, CPBC

Physicians are uniquely fortunate in one too-often overlooked way. Their professional activity serves the uniformly desirable purpose of helping people. Regardless of what motivating factors led them to choose medicine as a career, their work permits people to lead healthier, more wholesome and satisfying lives.

Few other professionals can so directly bask in that fact. Attorneys, accountants, and advertising agents, for instance, have a more tenuous relationship to a uniform, socially desirable purpose. Other health professionals play a less pivotal role in the same goal as physicians. Perhaps only ministers, rabbis, and priests can so directly equate their work with the highest goals espoused by our society.

Spiritual question

Given the special opportunity to serve, though, to what extent do physicians actually seek to serve medicine's basic purposes? In my newsletter, *The Physician's Advisory,* I recently addressed this question under the provocative title: "Are You Doing Enough to Satisfy Your God?" It put the question in spiritual terms, for all of us must ultimately answer such concerns. But it challenges you to consider your work patterns—and your underlying personal attitudes—as they relate to the community of man as well as to God.

So much good is done by each doctor. The orthopedist repairs his patient's broken bone or, through the wonder of arthroscopy, his torn ligament. The family physician detects her patient's colonic polyps early enough to spare the 45-year-old's life from cancer, and the pediatrician handles children's health problems—big and small—so that children grow up to be healthy adults. The anesthesiologist, responsible for hundreds of in-hospital and ambulatory surgery cases, gives people years—and decades—of further productive life. And so on for each physician in each specialty and practice setting.

Of course, physicians are for the most part extremely well paid for their work. Despite their long hours and the burdens upon them, they are at the top of the income scale. Even though younger doctors worry whether medical practice will be as economically rewarding as in the past, especially in view of medical school debts, they are virtually certain to fare at least reasonably well financially.

The "typical" physician

As a medical management consultant and advisor to thousands of physicians over some 17 years, I have developed a fairly accurate picture of how doctors think and act. There is admittedly enough variation from person to person that many people fall outside any generalizations. Nonetheless, some patterns are so strong that they deserve description.

The "typical," successful private practice physician—an admitted misnomer—works 10, 12, or more hours a day and assumes care of so many patients that his (and increasingly, her) day is hectic from start to finish. His or her commitment to each patient's best care is driven by a combination of an engrained professional ethic, a business need to provide good service, and a fear of malpractice complications. Each patient served, indeed each procedure performed, represents an income flow on a piece-work basis; a procedure compensated at less than or at no regular fee is considered "lost income."

Within this picture, many doctors accept Medicaid patients but a great many others refuse those cases. In my experience, however, "successful" doctors generally accept welfare patients albeit grudgingly. There is a haughtiness in the attitude that the Medicaid or freebie patient represents someone who receives something for nothing and then may turn around and file a malpractice suit if the result is less than perfect. Moreover, virtually all physicians have a general policy to reduce or write off the fee of any patient who has presented but truly cannot pay, although that sort of patient is—if not referred onto the "clinic"—hardly sought with any real enthusiasm.

This psyche may be understandable. Physicians have enough to do for patients who, directly and through their insurers, will pay for each separately itemized procedure, that helping someone for free is virtually anathema. (One high-income physician wrote me in protest that he "gives away over $100,000 per year," presumably counting Medicare and Medicaid disallowances as well as write-offs, and challenged whether non-physicians are so generous.)

No soft answers

Whether or not you perfectly fit the above described picture, the difficult question is if those practice patterns are satisfactory within your greater spiritual and human obligations. Is it "enough" to provide your wonderful services through a system geared primarily to those patients who can pay—or whose insurers can pay—your fees? Are God and humanity sufficiently served when you offer your good works only within your own practice's pattern? And are your greatest obligations satisfied when you practice good medicine, live a generally moral life, and devote the rest of your attention to your family?

The teachings of virtually all our religions take us past our society's comfort

The author is an attorney and certified practice management consultant in Plymouth Meeting. He is a founding partner of the Health Care Group.

zone and answer "no" to these questions. While not opposing wealth, for instance, the Bible—both Jewish and Christian—demands concern and effort for the poor. And it calls for that concern and effort to be genuine enough to withstand your—and your God's—critical evaluation.*

All of us tend to avoid that critical evaluation; we prevent logic from pursuing its natural course when it affects our built-in priorities. An affluent suburban churchgoer may, for example, give some money and a bit of executive time—but not his actual on-site presence—to a charitable effort. And a physician may take pride in seeing poor patients for no or low fee if they somehow find their way to her office—but may not affirmatively reach out and seek those people who really need her skills.

A number of teachings show how our society's systems are subtly but insidiously stacked against the poor. (*See* Sider, Ronald J. "Rich Christians in an Age of Hunger." Inter-Varsity Press, Downers Grove, IL, 1984.) You need not be a "bleeding heart liberal" to see how poor people lack access to medical care and other basic needs that would be only minimally acceptable to our own families. Answering that the poor could find jobs and improve their own access to such care overlooks two basic flaws: the systems make this virtually impossible, and God demands concern for the less advantaged anyway.

Everyone's question

Some doctors responded to these points by comparing their good works to those of non-physicians. "Who are you," one physician wrote me, "to chastize doctors when you probably don't do anything for the poor yourself?"

He made a good point. Every person—whether salesman, lawyer, corporate executive, medical management consultant, housewife, or physician—faces the same question. In response to that letter writer, I am heavily involved in an inner city, church-based health center's operations. Other non-physicians I know expend far greater efforts for "worthy projects" than do I. And many people are oblivious to the whole issue.

Some of us non-physicians are envious of doctors in this regard. Physicians

*While the comments are in relation to the Christian and Jewish religions, it is believed that the same concerns are held in the world's other major religions. And even atheists should recognize society's needs as a matter of general personal morality.

have the privilege of being able to provide direct, "hands on" service to needy people; others' training allows them only to help organize, finance and, at best, manage the efforts. Would that we could operate on a blind woman so she could see again on a Project Hope third world venture or that we could help an impoverished Indian reservation improve its infant mortality rate.

The physician thus faces the same spiritual question that may puzzle nondoctors, but the physician has a special opportunity to answer it. The "good works" in private medical practice may be "enough" to satisfy his or her social and religious obligations—or they may be insufficient.

What to do?

Some doctors have answered these concerns head-on. They committed themselves during their training to serve the poor, recognizing that health is a basic need that they can help provide in service to God. These mostly young doctors made this "total commitment" right after residency, accepting a reduced life style before they experienced their peers' affluence.

The executive director of the Christian Community Health Fellowship, located in Philadelphia, reports that the odds of someone's leaving normal practice patterns for a "total commitment" are virtually nil. A few doctors have, however, taken half-steps. In Denver, Colorado, a successful two-doctor suburban practice opened a second office in the inner city. One partner gives 60 percent of his time to the low-income site and 40 percent to the affluent office.

Here in Pennsylvania, the Lancaster *Intelligencer* described on page one last April how a successful family practitioner in that community is expressing his Mennonite faith two days a week in Philadelphia. This person, John Kreider, MD, is the bulwark of the Diamond Street Wholistic Health Center in one of Philadelphia's most underprivileged sections, where he makes house calls, broadly counsels patients, and steers them to pastoral help as they request. Another wonderful Lancaster physician, Ivan Leaman, MD, leaves his fine group practice every Friday to provide the same quality concern at Diamond Street.

The Diamond Street Center, however, needs more volunteer help from equally motivated primary care physicians. Its goal is to expand service with such volunteers and then to seek a "total commitment" physician to provide continuity of care.

I welcome calls from interested physicians. The need extends at least as profoundly to nurses and nurse practitioners who feel compelled to serve there.

Other approaches

Most of you may be unable to commit so heavily as these doctors. But there are still many opportunities.

One younger physician wrote in reply to my newsletter challenge. He is still building his specialty practice—barely breaking even—while saddled with debts. Though he feels he must guard jealously his "paying patient" time, he said this:

> However, I am going to try to institute a program through local churches and relief programs whereby my office can see one referred medically indigent patient per day in this coming year. Thus, this could be just under 300 people served at reduced rates or gratis. The tough question to answer is whether even that is enough.

The wonderful thing about this young doctor is that he is going to actively seek out the needy patients. This is a significant difference from staying in one's regular work environment, with its physical and emotional comforts, providing whatever service to whoever comes along.

Perhaps you, too, might consider taking your skills to people who cannot otherwise find you or do not know your help is available. Maybe the sense of greater obligation leads you to offer yourself in a role different from the all-consuming one you usually play.

Another physician wrote that he and several like-minded physician friends in their late 40s and early 50s are talking about putting together a medical venture for the poor. They would take themselves to the people, not sit back and wait for the people to find them.

The needs and your opportunities extend throughout the world. Though much can be done in America's ghettoes, the abject disadvantages in India, Africa, and parts of Central America are even more compelling. Contributing a few weeks or a sabbatical absence to such service agencies as Project Hope or the Luke Society can be extremely helpful. As one doctor who has participated in a number of them wrote:

> Those physicians who do voluntary community service, whether in their own locality or on an international basis, find that their satisfaction with their work and with life increases, their self-esteem increases; and those who involve their families in this work find that their family relationships are nurtured.

The Pennsylvania Medical Society's Educational and Scientific Trust is beginning an effort that may foster physicians' "good works." Starting with a fundraising effort, it plans to use those funds to buy textbooks, journal subscriptions, and organizational support for physicians in developing countries. From this start, it may broaden the program so American physicians can give their time as an exchange with doctors from those countries. One physician, James P. Dailey, MD, has been a beneficiary of the Trust's Funding in his ophthalmology training; he has spent some of his training time in work for poor natives of the West Indies. He told the Trust:

> I never realized how much of a difference I could make in people's lives. I hope other doctors will take advantage of similar opportunities available to them. We do make a difference.

Facing the question

A minister said this about medical doctors:

> The knowledge they have and the talents given them are things that they have been given by God. They owe much to Him and need to return much.

Complaints about the medical profession's changed circumstances—including the malpractice climate, government regulation, and big business' influence—fail to change this basic, underlying reality.

Just as everyone else, each physician should face the question. Is he or she doing "enough" to satisfy the spiritual concerns that, though generally submerged from critical thought, must present themselves occasionally during one's life? Physicians have the privilege—and the obligation—to answer it more directly and with greater potential satisfaction than other people.

What about you? Are you willing to ask if you are conducting your life—and your medical talent—as your God would expect? And if you ask, how will you answer the question and act upon it? □

Graduate extends international education

Charles McElrone

Walk into the auditorium of The Graduate Hospital almost any day of the week and you're likely to see a physician or a nurse at the podium, sharing their expertise with an audience of professional peers, medical students, or neighbors in the community. The scene is a constant reminder that education, along with patient care and research, remains a vital part of the hospital's mission.

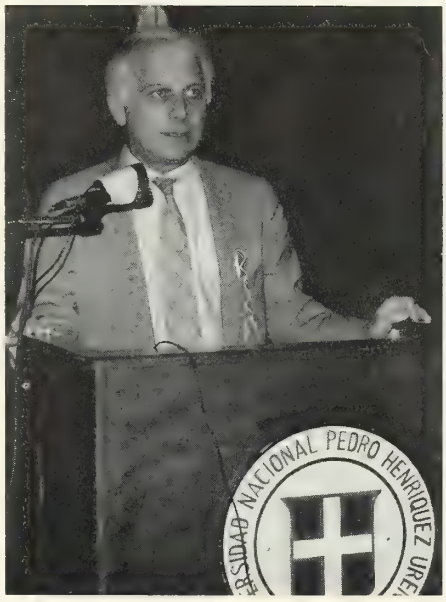
Today that mission is being extended internationally into such culturally diverse lands as the Dominican Republic and Ireland, following the enthusiastic acceptance by physicians and institutions in both countries of Graduate's invitation to exchange and share medical knowledge and skills.

"The program arose from two primary needs," said John M. Woznisky, vice president for marketing. "One was the need to return Graduate's prominence in international medical education to the position that it held 20 or 30 years ago. And the second was to help fill the void created by a United States government policy that has effectively adopted an isolationist position with respect to medical education and medical exchange with other nations.

"In contrast, the Soviet Union has adopted pretty much of an expansionist position and is welcoming students from other countries," Woznisky continued. "In a country as small as the Dominican Republic, the Soviet Union last year provided 200 scholarships for medical students to study in Eastern Bloc countries. What we're doing is a small countermeasure to that stance."

Tumen Foundation

Henry J. Tumen, MD, director of Graduate's department of medical education, is the focal point of the hospital's relationship with Universidad Nacional Pedro Henriquez Urena (UNPHU), the leading medical school in the Dominican Republic. In recognition of Dr. Tumen's longstanding interest in helping the people of that country, Dominican physicians and his patients there have established the Henry J. Tumen Foundation to provide funds for young physicians to come to Graduate for short periods of time to continue their medical education. Dr. Tumen was a key figure in establishing a similar concept in the hospital many years ago.



Philip Kimbel, MD, chairman of The Graduate Hospital's department of medicine, addresses the medical facility at the Universidad Nacional Pedro Henriquez Urena (UNPHU) in the Dominican Republic.

"My association with the Dominican Republic goes back over 40 years when I became physician to the family of the man who was the Dominican consul at the time," he explained. "It was he who sent the original student physician here for additional training."

That student was Dr. Jordi Brossa, now one of the Dominican's most prominent physicians and citizens. "He in turn sent other student physicians here," continued Dr. Tumen, "so that gradually we have established a number of contacts with doctors who not only went back to practice but who also became involved in the teaching and training programs. They eventually were the leaders in establishing a very good medical school that is head and shoulders above the vast majority of off-shore medical schools in striving to achieve excellent levels of training."

Two years ago Dr. Tumen led a contingent of physicians from Graduate to the Dominican Republic for a two-day symposium. While he was there he had the opportunity to review the teaching program set up by many of the Dominican physicians who had trained at Graduate years earlier.

"I was very, very much impressed not only with their effort but with the striving for excellence in their program," he said. "I realized that one of the things they needed was to send others of their young doctors away for additional advanced training. That gradually led to the idea that we might formulate some type of relationship between The Graduate Hospital and UNPHU that would permit them to send highly qualified and very carefully selected students or graduates here for periods of training at a student or resident level."

The first physician chosen to participate as a "Graduate Scholar" was Dr. Fernando Contreras, who arrived in January 1987 to prepare for his formal residency training which began in July. Two of his countrymen joined him in September for six-month stays at Graduate.

"They are so careful about choosing people whom they feel will justify the effort and also bring credit to them that they are going very slowly in their selection, Dr. Tumen said. "They want to be extremely careful so that there will be no question whatsoever about the ability, competence and integrity of the men or women who are sent."

To inaugurate the program, the Tumen Foundation sponsored a medical symposium in Santo Domingo last November in which eight physicians from Graduate, including Dr. Tumen, participated. Joining doctors from UNPHU in addressing problems in cardiology, gastroenterology, and pulmonary medicine were Drs. George Ahtaridis, S. Philip Bralow, Julius J. Deren, Paul Epstein, Hratch Kasparian, Philip Kimbel, and Thomas H. Kreulen. Also in attendance were Graduate's chairman of the board Harold Cramer, Esq., president James P. Duffy, and vice president Woznisky.

During the visit Dr. Tumen met pri-

The author is on the administrative staff of The Graduate Hospital.

vately with Dominican president Joaquin Balaguer. "He's a very serious and earnest person, very much aware of his country's handicaps and also very eager to correct them," said Dr. Tumen. "We spent most of the time talking about their medical education and nursing education and I think we've established contact that's going to have tremendous value to the Dominican Republic so far as The Graduate Hospital is concerned. It has made me feel very, very pleased and gratified that we've been able to do it and I think the administration has given us enthusiastic backing."

Irish medical education

The objectives of the Graduate's relationship with the medical school at Ireland's University College Dublin (UCD) are markedly different than the goals of the Dominican program. While medicine practiced in Ireland is quite sophisticated, the country does not require its physicians to continue their medical education as in the United States.

"It appears that there is need in many countries outside the U.S., where continuing education does not have as much priority or isn't as well developed, for someone to take the lead and help those countries promote this," said Philip Kimbel, MD, chairman of Graduate's department of medicine.

The medical school at UCD is in the forefront of the move to establish continuing medical education standards in Ireland. And Graduate, with its historical commitment to those standards, has become a valued partner in the venture.

"I think part of the success of the program might be dependent on the fact that we are involved and are offering our expertise," said Dr. Kimbel. "The medical system in Ireland is such that the office practitioners rarely have contact with the local hospital and as such they are not involved in educational programs, which are mostly oriented to the consultants who are full-time in the hospital. I think our effort to help reach some of the physicians in office practice in rural areas or in the counties and smaller towns would be very helpful to them."

Registrar William A. L. MacGowan of the Royal College of Surgeons in Ireland (left) visited with Henry J. Tumen, MD, emeritus chairman of medicine at Graduate, and hospital president James P. Duffy during the reunion and medical seminar for Royal College graduates now practicing in North America.

During a visit by six UCD representatives to Graduate last fall, plans were formulated for a reciprocal visit to Dublin in December. Seven physicians from Graduate, including Drs. Kimbel and Tumen, Julius J. Deren, Marc A. Dichter, Howard I. Hurtig, Hratch Kasparian and Horace MacVaugh III, toured the host institution's facilities, met with Irish health officials and U.S. Ambassador Margaret Heckler, and participated with UCD faculty members in a medical symposium on December 6.

"We're treating each other very much on an equal basis," said Dr. Kimbel. "We're not going to Ireland with the attitude that we know it all. The program is based on equally shared roles by both faculties. We have research interests that parallel the interests of some of the researchers on the (UCD) faculty and there are some physicians who might come here to participate in some training or to teach. We may exchange faculty in both directions."

Royal college reunion

Another Irish phase of the international program took place at Graduate last October when the hospital hosted faculty members from Dublin's Royal College of Surgeons in Ireland (RCSI) and alumni of that school who are now living in North America. RCSI graduates came from as far away as California and Alberta, Canada, to renew acquaintance with friends and former teachers and to attend a continuing medical education seminar in Graduate's auditorium.

Drs. Deren and Moreye Nusbaum participated in a panel discussion on common duct stones moderated by Dr. Tumen. Drs. Arnold Chait, David Naide and Paul Nemir served as panelists on the topic of peripheral vascular occlusive disease moderated by Professor William A. L. MacGowan, registrar of the Royal College.

"We seek a broader image for Graduate," said Dr. Kimbel. "The international education program gives us this along with recognition and a distinguishing academic luster." □

United States ambassador to Ireland Margaret Heckler (seated) hosted a contingent of guests from The Graduate Hospital and Ireland's University College Dublin at her residence. Seated next to Ambassador Heckler are Graduate's president, James P. Duffy (left) and UCD representative Frank Fitzpatrick. Standing (left to right) are Dr. Horace MacVaugh III, Dr. Hratch Kasparian, Clair Thornton, Dr. Howard Hurtig, Mrs. Gwen MacVaugh, Dr. Marc A. Dichter, Mrs. Ann Fitzpatrick, Dr. and Mrs. Julius J. Deren, Dr. Philip Kimbel, Sheila Burke, chief of staff to Senate majority leader Robert Dole, Carol Huttlemeyer, RN, John Woznisky, and UCD faculty member Dr. Noel Hickey.

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medical feature

Allopurinol hypersensitivity can be fatal

Richard J. Simons Jr., MD

Allopurinol has been one of the mainstays of therapy in patients with hyperuricemia and gout. It is estimated that two million prescriptions a year are written for this drug.[1] Allopurinol, a potent inhibitor of xanthine oxidase, is generally well tolerated. The incidence of side effects of all kinds is 10-20 percent. Only 5 percent of patients find it necessary to discontinue the drug. However, in 1970, reports of a severe, life-threatening hypersensitivity syndrome associated with the use of allopurinol began to appear in the literature.[2] Since that time there have been over 70 cases of severe toxic reactions to allopurinol described in the medical literature.[3] Despite increasing attention to the allopurinol hypersensitivity syndrome in the medical literature, some physicians may yet be unaware of this potentially fatal reaction.

I report a case of the allopurinol hypersensitivity syndrome in a patient with severe chronic tophaceous gout. Guidelines for the use of allopurinol and alternative modes of therapy are discussed.

Case report

The patient is a 68-year-old white woman with gouty arthritis since 1974. Additional medical problems include malignant hypertension, renal insufficiency, and congestive heart failure. Her initial manifestations of gout were typical acute monoarticular attacks involving the lower extremities. Her gouty episodes became more frequent, and in 1982 she began to have involvement in the small joints of the hands. At that time the serum uric acid was 14.7 mg/dl. In 1983 tophi developed involving the hands, elbows, and ankles. Therapy was initiated with allopurinol. Within days the patient developed a generalized pruritic, erythematous, maculopapular rash. Allopurinol was promptly discontinued and the rash resolved with desquamation.

The patient continued to have recurrent attacks of gouty arthritis despite prophylactic colchicine. Rechallenge with allopurinol in 1984 lead to recurrence of the rash. By this time, she had almost no functional use of her hands because of the severe nature of the chronic, draining tophi. In 1985, the serum uric acid was 15.8 mg/dl with a total uric acid of 225 mg in a 24-hour urine collection. Therapy with probenecid was ineffective in lowering the serum uric acid and no increase was observed in the 24-hour urinary uric acid. The serum creatinine was 2.0 mg/dl with a blood urea nitrogen of 97 mg/dl.

Her medical regimen is complicated and includes furosemide, zaroxolyn, minoxidil, alpha-methyldopa, and prazosin to control her hypertension and heart failure. There is no family history of gout. The patient does not consume alcohol. Pertinent findings on physical exam include ulcerated, draining, tophaceous deposits over the hands, elbows, and feet. (See photographs.)

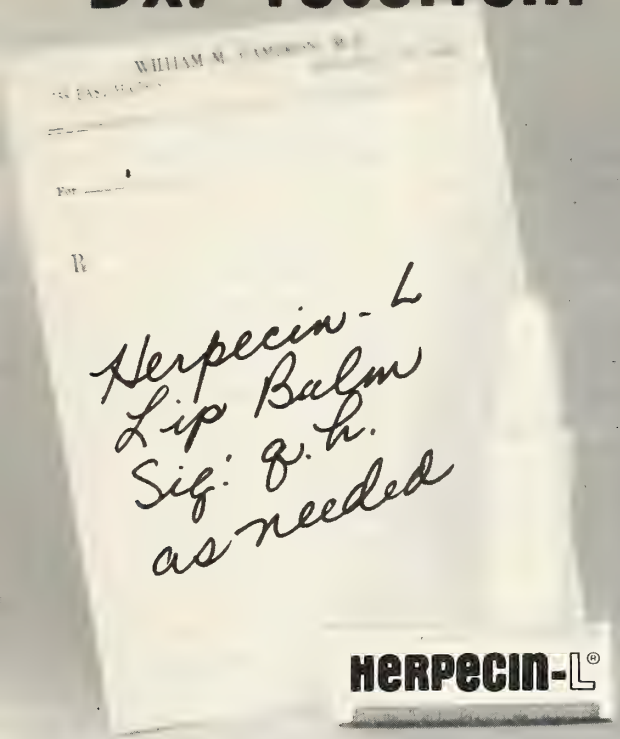
In February 1986, an investigational analogue of allopurinol, oxipurinol, was administered without untoward effects. Two months later, the tophi over the elbow began to recede. The uric acid fell to 12.8 mg/dl. The patient has continued to show improvement in the tophaceous deposits of her hands. The most recent uric acid is 10.7 mg/dl as of July 1986.

Discussion

This patient developed at least one of the manifestations of the allopurinol hypersensitivity syndrome: an intensely pruritic, maculopapular rash, which in its most severe form is identical to toxic epidermal necrolysis. Other features of this potentially life-threatening syndrome include acute renal failure, hepatitis, fever, and eosinophilia. Death has

Dr. Simons practices in the division of internal medicine at the Milton S. Hershey Medical Center, Hershey.

Dx: recurrent herpes labialis



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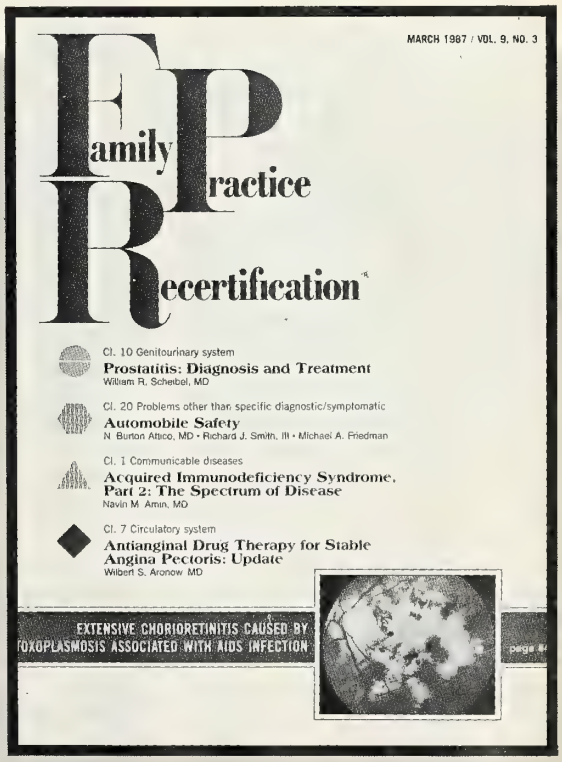

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most often resulted from gastrointestinal bleeding, overwhelming sepsis, or acute renal failure.[4] The pathogenesis of this syndrome is thought to be a systemic vasculitis, possibly mediated through circulating immune complexes. The immune stimulus may be allopurinol or one of its metabolites such as an allopurinol ribonucleotide.

The most comprehensive series of patients with severe allopurinol toxicity is that of Hande et al from Vanderbilt.[3] In their analysis of 78 cases, it was recognized that 81 percent of patients with this syndrome had pre-existing renal insufficiency and 49 percent were receiving diuretics. These observations were also noted in Young's series of six patients.[4] It is postulated that preexisting renal insufficiency and diuretic therapy are predisposing factors for allopurinol toxicity. Furthermore, in Hande's series, 52 percent of the patients were receiving allopurinol solely for therapy of asymptomatic hyperuricemia. Most authorities do not recommend therapy for asymptomatic hyperuricemia, except in patients with extremely high levels of uric acid (i.e., >13 mg/dl) or in patients receiving chemotherapy for neoplastic disorders. Finally, Hande et al provide dosing recommendations for allopurinol in patients with renal insufficiency based on pharmacokinetic studies.

Alternatives to allopurinol for the patient with gout and allopurinol hypersensitivity include the uricosurics, desensitization to allopurinol, and oxipurinol. Uricosurics are indicated for the patient with normal renal function and a low 24-hour urinary uric acid value (i.e., <600 mg/24 hours). The patient presented above, however, had severe tophaceous gout in the presence of renal insufficiency that precluded benefit from the uricosuric compounds. Desensitization to allopurinol has been employed successfully in patients with documented allopurinol hypersensitivity and is a feasible alternative.[5] Oxipurinol, the agent used successfully in this patient, is a metabolite of allopurinol that possesses intrinsic activity blocking xanthine oxidase—the enzyme involved in the final step of uric acid synthesis. This agent is not FDA approved but is available from Burroughs Wellcome Company for investigational use. Physicians should be aware of cross-reactivity of oxipurinol in patients who are allergic to allopurinol. Nevertheless, 50 percent of patients who are allergic to allopurinol can be managed successfully with oxipurinol without adverse effects.[6]

In summary, it is important for physicians to be aware of the allopurinol-hypersensitivity syndrome. Early recognition of the clinical manifestations with prompt discontinuation of the drug may result in less morbidity and mortality. The dosage of allopurinol should be reduced in the presence of renal insufficiency. Allopurinol should be reserved for established indications such as the patient with chronic tophaceous gout and in the gouty patient with a high excretion of urinary uric acid (i.e., >800 mg/24 hours). Most patients with asymptomatic hyperuricemia require no therapy. □

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1987 personal tax planning tips

Elliott P. Footer, CPA, MBA
David H. Glusman, CPA
Thomas W. Reinke, MBA

Although the Tax Reform Act of 1986 was passed more than a year ago, its full effect will not be felt until taxpayers begin filing their 1987 returns. The paradox of the new law is that for many people lower maximum tax rates will mean higher tax payments. This is because the new regulations eliminate or restructure many tax deductions. With careful planning, however, taxpayers can avoid paying unnecessary taxes.

A basic strategy

The Tax Reform Act contains such sweeping changes that many of them must be phased in over time. Many of the changes will take effect this year; others will not be fully in place until 1991. For example, in 1986, there were 15 tax brackets ranging from 0% to 50%. In 1987, there are only five brackets ranging from 0% to 38.5%. In 1988, there will be only three marginal tax rates, 14%, 28%, and 33%.

Another example is the phase out of credit card interest deductions. In 1986, interest on credit card balances was 100 percent deductible. In 1987, only 65 percent can be deducted. In the future years, the deductible portions will be 40% in 1988, 20% in 1989, 10% in 1990, and 0% thereafter.

The phase in of many of the regulations determines the basic tax planning strategy that individuals should consider for their 1987 tax returns. This strategy is a matter of deferring income and accelerating deductible expenses. Income should generally be deferred because of the lower maximum tax rates in 1988. Deductible expenses should be accelerated because they produce a greater tax savings this year, and because more deductions will be eliminated in future years.

Specific points

The following is a list of specific items to consider in 1987 tax planning.

1. Corporate versus personal tax rates. For most companies with tax years beginning July 1, 1987, or later, the maximum corporate tax rate is 34 percent. However, for companies with taxable income between $100,000 and $335,000 there is a 5 percent surtax and the marginal rate is 39 percent. In contrast, after January 1, 1988, the marginal personal income tax rate will be either 28% or 33% on joint returns with taxable income above $28,750.

That means for many business owners, the personal tax rate will be less than the corporate rate, producing situations where it will be advantageous to elect "S" corporation status to avoid higher corporate tax rates. The income, losses, and deductions of "S" corporations are passed through to shareholders and are reported on their individual returns, so an "S" corporation may provide lower taxation of business income.

Another advantage of an "S" corporation is that it avoids the double taxation for owners: first, at the corporate level on earnings and again at the shareholder level when dividends are distributed. Moreover, "S" corporations are not subject to the new strict corporate alternative minimum tax that may increase the tax liability of "C" corporations.

Taxpayers should be careful that an "S" corporation election does not trigger penalty taxes or additional personal income taxes. These dangers may arise if the "C" corporation has loans outstanding from a pension or profit sharing plan to its shareholders.

For example, "C" corporations often sponsor pension and profit sharing plans that permit participants to borrow from the plans, with the loan being secured by the borrower's vested interest in the plan. However, the Internal Revenue Code prohibits loans to shareholder-employees of "S" corporations. According to the Tax Code, a loan to a shareholder becomes prohibited the moment an "S" election is filed. Thus, a stockholder who has borrowed from his or her "C" corporation's plan may become subject to the 5 percent excise tax, if the corporation files an "S" election. In addition, if the transaction isn't corrected in time, the stockholder will be subject to an additional 100 percent excise tax.

2. Capital gains. Many people have assumed that under the new law, long-term capital gains are taxed at the same rate as other income. This is not true. In 1987, the highest individual tax rate will be 38.5 percent, but long-term capital gains will have a maximum tax rate of 28 percent. In 1988 and beyond, the capital gains will be taxed at the same 15%, 28%, and 33% marginal rates as other income. Therefore, if an individual anticipates being in the 33 percent bracket next year, there may be an advantage in selling the asset and taking the capital gains in 1987. As a general rule, however, market timing, not tax treatment, should be the primary motivation for selling stock or real estate that has gone up in value.

3. Limited partnership tax shelters. Old-style tax shelters, such as real estate limited partnerships, that have provided tax write-offs several times as large as an investor's cash outlay have been eliminated by the new law. Now, one should look for limited partnerships that produce income for the investor.

The 1986 Tax Reform Act introduced a new concept into income tax law—an investor in "passive activities." Passive activities are those in which the investor has no direct or active involvement in management decisions. An active investment is a business activity in which the individual is actively involved in day-to-day management decisions.

Virtually all real estate limited partnerships are considered passive investments, and taxpayers will not be allowed to deduct losses from any type active or passive investment unless there is at least equal income from other active or passive investments.

For those who invested in passive tax shelters before the act was signed into

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law (October 23, 1986), losses will remain partially deductible against ordinary income for a four year phase-in period. To comply with the new law, a taxpayer must classify all previous tax shelter investments into active and passive categories. Passive losses may not be used to offset income from active investments.

An exception is provided for certain rental real estate activities in which the owner actively participates. This exception provides that a taxpayer with an adjusted gross income less than $100,000 can deduct up to $25,000 of losses from the passive investment against active business income. Between $100,000 and $150,000 of income, the deduction is phased out at a rate of $1 for each $2 of income over $100,000. For example, an individual with $125,000 of adjusted gross income is allowed to deduct $12,500 of losses from actively managed rental properties.

In summary, the general rule regarding limited partnership tax shelters is that passive losses cannot be used to offset salary and other earned income. Passive losses from tax shelters can be taken only if there is at least an equal income from other active and passive investments or until such time as the property in the limited partnership is disposed of.

4. Delaying compensation. This strategy is not for everyone, but it can work well for some people. If your tax rate is going to be lower in 1988 than in 1987, you will benefit in postponing compensation until next year. However, you must not be entitled to receive the compensation until next year.

5. State and local taxes. Beginning in 1987, state sales tax is no longer deductible, but state or local personal income and property taxes still are. Taxpayers in the highest tax brackets will secure a tax saving by prepaying next year's state or local taxes and deducting the full amount from this year's federal taxes.

6. Miscellaneous deductions and contributions. Under Tax Reform, miscellaneous deductions must exceed 2 percent of the adjusted gross income before you can deduct them. Miscellaneous deductions can amount quickly. They include professional dues, tax preparation fees, safe deposit box fees, investment counsel fees, medical expenses, and certain business or employee related expenses. Individuals in the highest tax bracket will save money by bunching all allowable miscellaneous deductions to reach the 2 percent threshold this year.

7. Investment income. With maximum tax rates higher this year than next, high income taxpayers will want to delay receiving investment or interest income. The best way of doing this is by selecting investments that do not pay off until next year.

Because many individuals and families will be facing higher tax rates than in previous years, advantage to receiving tax free income from tax free bonds grows. However, keep in mind that the yields of tax free bonds should be compared to the after tax yield of commercial bonds.

8. Shifting income. Although new regulations limit shifting of income to family members, this technique still can be used to reduce tax burdens. Under the old law, a child's income, earned or unearned, was taxed at the child's own rate. Under tax reform, children under age 14 will be taxed at the parents' top rate for any unearned income such as dividends and interest exceeding $1,000. The first $500 of such income is exempt, and every child receives a standard deduction of $500. Thus, shifting only $1,000 in income to young children may be advantageous.

Older children's income remains taxable at their own, typically lower, marginal tax rate. Thus, transferring assets to children 14 and older may still result in an overall family tax saving. However, parents need to watch the amount of income shifted to avoid gift taxes.

You can give $10,000 a year to each child before you are subject to gift taxes. A husband and wife who have three children can each give $10,000 to each child, for combined gifts of $60,000 per calendar year. Some exceptions to gift tax regulations involving the unified estate and gift tax credit also may benefit some individuals.

9. Retirement plans. Defined benefit plans continue to be deductible up to 50 percent of net self-employment income. The annual benefit for a participant cannot exceed the lesser of $90,000 or 100 percent of the participant's average compensation for the income period specified by the plan.

The $2,000 IRA contribution is wiped out for taxpayers who are both covered by an employer maintained retirement plan and have an adjusted gross income greater than $35,000 on a single return, or $50,000 on a joint return. For those covered by retirement plans, the IRA deduction is phased out between $25,000 and $35,000 for single taxpayers and between $40,000 and $50,000 on joint returns.

Taxpayers who are not covered by company pension plans may continue to claim the full $2,000 deduction regardless of income level. A taxpayer who is not covered by a retirement plan, or a taxpayer who is covered but has less than $25,000 adjusted gross income ($40,000 for a married couple filing a joint return) may also continue to take the full $2,000 deduction allowed previously.

Beginning in 1987, non-deductible IRA contributions may be made by individuals who do not qualify for a deductible IRA. The advantage of such contributions is that income earned by the IRA acccrues tax-free until the funds are withdrawn. Special record keeping should be maintained to ensure that the non-deductible contributions are not taxed when withdrawn.

10. Mortgage and credit interest deductions. Deductions for consumer credit interest will be phased-out, but home mortgage interest will remain deductible with some restrictions.

Only 65 percent of consumer credit interest is deductible this year, but that drops to only 40% next year, 20% in 1989, 10% in 1990, and in 1991 deducting consumer credit interest will be fully disallowed. While debt still has its purpose, you will profit in paying off as much of your consumer credit debt as you can this year.

You can continue to deduct mortgage interest on your principal residence and a second home. Generally, you can deduct the interest to the extent that the debt does not exceed either the cost of the residence plus improvements or the mortgage principal outstanding as of August 16, 1986. Interest, also is deductible on funds borrowed for medical and educational purposes secured by your residence. However, even if the proceeds are used for medical or educational purposes, the interest is deductible to the extent the debt does not exceed the fair-market value of the home less any other outstanding mortgage.

Note: This article is intended to present general tax considerations; it is not intended to serve as specific tax advice. The authors and PENNSYLVANIA MEDICINE recommend that readers consult with their tax advisors for specific information on 1987 tax matters. □

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Court permits withdrawal of life support systems

Brian M. Peters, Esq.
Wendy Cherner Maneval, Esq.

For years Pennsylvania physicians and hospitals have grappled with the difficult medicolegal question of whether life support systems may be withdrawn from a terminally ill, competent adult patient who expresses the desire to be permitted to "die with dignity." A Philadelphia Court of Common Pleas recently addressed this issue and, for the first time, provided physicians and hospitals with well-reasoned direction. Labeling the case of *In re Jane Doe*[1] as one of "first impression in this Commonwealth," Judge Samuel M. Lehrer ruled that a terminally ill, competent adult patient who expresses the desire to have life-sustaining measures withdrawn so that she can die with dignity is entitled to have such care terminated.

Background

Modern medical technology permits physicians to prolong the lives of their patients by performing bodily functions that would otherwise fail. Health care providers, trained to maintain life and relieve suffering, are placed in a quandry when their interventions merely continue bodily functions without providing any prospect for cure or recovery.[2] When withdrawing such care would most certainly result in immediate or imminent death, health care providers have legitimately been concerned about possible exposure to criminal and civil liability,[3] as well as the ethical implications of such conduct.

Medicolegal commentators and courts of other jurisdictions have suggested approaches for health care providers to follow when dealing with the issue of when a physician should accede to the wishes of a terminally ill, competent adult for withdrawal of life-sustaining medical treatment.[4] For example, one such approach that some commentators and courts recognize is the distinction between "ordinary" and "extraordinary" medical care.[5] "Ordinary care" generally refers to all medicines, treatments, and interventions that offer a reasonable hope of benefit to a patient without excessive expense, pain, or other inconvenience. "Extraordinary care" refers to medicines, treatments, and interventions that do not offer a reasonable hope of benefit. The "benefit" in this context relates to the hope of cure or recovery.[6] Commentators and courts have argued that physicians possess a moral and legal duty to render "ordinary" care but have no duty to render services constituting "extraordinary" medical care.

The distinction between these terms is vague and often is a source of confusion and uncertainty.[7] It is not determined by the nature of the procedure or treatment, but rather by what the care is likely to do for the patient. The same medical treatment, intervention, or device that constitutes "ordinary" medical care in one context may constitute "extraordinary" care in another. Further, under certain circumstances, "ordinary" care may devolve into "extraordinary" care as when a physician places a patient on a life support system with the hope of recovery but the patient's condition subsequently deteriorates to the point where recovery is no longer realistically possible.[8]

In March of 1986, the AMA Council on Ethical and Judicial Affairs issued an advisory opinion that provides guidance as to when termination of life support systems in terminally ill patients is appropriate.[9] This opinion states in pertinent part:

- The social commitment of the physician is to sustain life and relieve suffering. Where the performance of one duty conflicts with the other, the choice of the patient, or his family or legal representative if the patient is incompetent to act in his own behalf should prevail. In the absence of a patient's choice or an authorized proxy, the physician must act in the best interest of the patient.
- For humane reasons, with informed consent, a physician may do what is medically necessary to alleviate severe pain or cease or omit treatment to permit a terminally ill patient whose death is imminent to die.
- Life-prolonging medical treatment includes medication and artificially or technologically supplied respiration, nutrition or hydration. In treating a terminally ill or irreversibly comatose patient, the physician should determine whether the benefits of treatment outweigh its burdens. At all times, the dignity of the patient should be maintained.

Some state courts and legislatures have given specific guidance to health care providers wrestling with the questions of whether and when to withdraw life support measures. State legislatures in more than half the states have enacted either natural death legislation or living will statutes.[10] In addition, some state appellate courts, ruling on petitions to withhold, terminate, or continue care, have offered guidelines for health care providers.[11] Although Pennsylvania health care providers have been aware of advisory opinions from private organizations and judicial decisions from other states, until the court's decision of *In re Jane Doe*, they have been without any specific guidance regarding the legal and ethical propriety of withdrawing life support measures from terminally ill patients.

In re Jane Doe

In re Jane Doe involved a 64-year-old patient afflicted with amyotrophic lateral sclerosis, commonly known as Lou Gehrig's Disease. This debilitating, degenerative, and incurable disease eventually leaves its victims totally paralyzed and leads to certain death in the absence of artificial life support mea-

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sures. The patient, although competent, was ventilator-dependent and almost entirely paralyzed.

The patient petitioned the court for discontinuation of her ventilator. The hospital and physician expressed to the court that they did not wish to appear to be opposing the patient's request and were willing to accede to the patient's wishes, but requested judicial intervention to clarify the legality of such action.

In its well-reasoned opinion, the court predicated its ruling upon its acceptance of a competent individual's right to refuse medical care or to have it withdrawn. This fundamental right is based upon the common law doctrine of self-determination and the constitutional right of privacy.[12] Under Pennsylvania law, a physician must obtain a patient's informed consent prior to rendering medical care.[13] A patient thus possesses the right to reject or refuse treatment.[14] The court therefore reasoned that the right to reject medical treatment must carry a concomitant right to termination or withdrawal of continuing medical treatment.

The court, however, recognized that the right to reject or direct the withdrawal of treatment is not absolute, but subject to four important state interests:[15]

1. the preservation of life;
2. the protection of innocent third parties;
3. the prevention of suicide; and
4. the maintenance of the integrity and ethics of the medical profession.

None of these interests, according to the court, outweighed the right of the patient in this case to withdrawal of life support measures.

The court noted that the state's interest in the preservation of life diminishes and the individual's right to privacy grows as the degree of bodily invasion increases and the prognosis dims.[16] In this case, a large degree of bodily invasion was involved. The patient required 24-hour nursing care, feeding tubes, a ventilator, and a catheter. Further, the disease was terminal and life would end soon after withdrawal of life support measures. In fact, the court characterized use of the ventilator as "less life-sustaining and more an artificial prolongation of the dying process."

According to the court, the second state interest in the protection of innocent third parties did not apply. The rights of children to have a parent live as long as possible do not override the superior nature of the patient's right to self-determination and right to privacy.[17] In addition, this patient's adult children were supportive of their mother's decision.

The court held that the removal of life support systems under these circumstances is not in violation of the Pennsylvania Crimes Code, specifically the crimes of homicide or suicide. It distinguished between "the voluntary and intentional killing of one's self" or of another and death as a result of the underlying disease when artificial life support systems are terminated.[18] Adherence to the patient's wishes is also consistent with the ethics of the medical profession. The court aptly noted that the AMA Council on Ethical and Judicial Affairs as well as many legal commentators support a physician's adherence to the wishes of a terminally ill, competent adult who desires artificial life supports removed.

After determining the legal propriety of the withdrawal of the patient's life support systems, the court turned its attention to the methodology to be followed in actually withdrawing treatment. Although the patient requested that she not be told of the precise moment when she would be weaned off the ventilator, the court ruled that she must be told by the attending physician of his intention to disconnect the life support measures not more than 48 hours prior to his doing so. This approach, the court reasoned, not only acceded to the patient's wish that she not be told of the precise moment when she would be weaned from the ventilator but also established a time limit beyond which the court would have to reconfirm her informed and willing consent to the withdrawal of life support measures.[19]

Ramifications of the decision

The rights of terminally ill patients to direct the withdrawal of life support measures is an area of great medicolegal concern and the court's guidance is most welcome. This legal decision constitutes the first known judicial recognition of such patient rights in Pennsylvania and, therefore, serves as a basis upon which to predict the approach that Pennsylvania courts may take in future cases when confronted with a similar issue.

It is important to recognize the limitations as well as the value of *In re Jane Doe*. This trial court decision, although persuasive, does not constitute binding precedent on other Pennsylvania trial and appellate courts and, thus, such courts may choose not to follow it. Also, it does not address questions concerning withdrawal of treatment from incompetent patients, particularly those who have not previously expressed their desires regarding termination of life support measures.

Nevertheless, the court's reasoning in *In re Jane Doe* is suggestive of the approach that ultimately should be adopted by Pennsylvania appellate courts if they are ever confronted with this issue. The court's decision will assist other Pennsylvania courts and health care providers when they confront the issue of how to respond when a terminally ill, competent adult patient expresses the desire for withdrawal of life support measures. □

References

1. *In re Jane Doe*, No. 87-2560 (Phila. Court of Common Pleas, Aug. 19, 1987).
   Counsel for the hospital and physician filed and the court granted a Petition for Closure of the Hearings and Sealing of the Judicial Record. Additionally, said counsel also filed, and the court granted, a Petition for Change of Caption, which achieved a two-fold objective. The name of the case was changed to protect the privacy of both the patient and the involved hospital and physician and to remove the adversarial posture of the case.
2. For a discussion of the problems faced by health care providers from modern medical developments that prolong life, *see* Note, Physician Liability for Failure to Resuscitate Terminally Ill Patients, 15 *Ind. L. Rev.* 905, 905–06 (1982).
3. In one California case, two physicians who disconnected a patient's life-support equipment at the request of his family were charged with murder. The California Court of Appeals subsequently dismissed the case. *Barber v. Superior Court*, 147 Cal. App. 3d 1006,

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195 Cal. Rptr. 484 (2d Dist. 1983).

4. *See* President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Deciding to Forego Life-Sustaining Treatment* (March 1983).
5. For a discussion of the distinction between ordinary and extraordinary medical care, *see* Note, Physician Liability for Failure to Resuscitate Terminally Ill Patients, 15 *Ind. L. Rev.* 905, 917–24 (1982). *See also, In re Quinlan*, 70 N.J. 10, 355 A.2d 647, *cert. denied*, 429 U.S. 922 (1976); *Superintendent of Belchertown State School v. Saikewicz*, 373 Mass. 728, 370 N.E.2d 417 (1977).
6. The definitions of the terms "ordinary" and "extraordinary" medical care most adopted by courts are derived from theological literature as opposed to medical or legal commentary. *See* Robertson, Involuntary Euthanasia for Defective Newborns: A Legal Analysis, 27 *Stan. Law Rev.* 213, 236 (1975) (*quoting* Kelly, the Duty to Preserve Life, 12 *Theol. Studies* 550 (1951)).
7. *See* Note, Physician Liability for Failure to Resuscitate Terminally Ill Patients, 15 *Ind. L. Rev.* 905, 917–24 (1982).
8. *See In re Quinlan*, 70 N.J. 10, 48, 355 A.2d 647, 667–68, *cert. denied*, 429 U.S. 922 (1976).
9. AMA Council on Ethical and Judicial Affairs, Opinion (March 15, 1986).
10. *See* **Meisel, A., Grenvik, A., Pinkus, R.L., Snyder, J.V.**, Hospital Guidelines for Deciding About Life-Sustaining Treatment: Dealing with Health "Limbo", *Critical Care Med.*, 14:239 (1986); Baker, The Living Will: The Final Expression, *Legal Med. Q.*, 4:2 (1980). Natural Death legislation provides that a patient's desire to have life-sustaining procedures terminated or withheld should be followed when such measures only postpone death and cannot offer a cure. "Living will" statutes give legal effect to a document signed by a patient while still of sound mind, instructing those charged with the patient's care of the patient's wishes regarding the initiation and termination of life-sustaining measures.
    Pending now before the Pennsylvania legislature are several bills that deal with withholding and withdrawal of care issues. For example, The Medical Treatment Decision Act, S.210, 1987 Sess. (April 27, 1987) is now before the House Health and Welfare Committee. For a discussion of the living will legislation now before the legislature of this Commonwealth, *see* PENNSYLVANIA MEDICINE, Jones, K.B., Legislature to decide on living will law, 90:27 (July 1987).
11. *See, e.g., Matter of Farrell*, 212 N.J. Super. 294, 514 A.2d 1342 (1986), *aff'd*, (N.J. 1987); *Bouvia v. Superior Court*, 225 Cal. Rptr. 297 (Ct. App. 1986); *Satz v. Perlmutter*, 362 So.2d 160 (Fla. App. 1978), *aff'd*, 379 So.2d 359 (Fla. 1980).
12. *See, e.g., Griswold v. Connecticut*, 381 U.S. 479 (1965).
13. *Gray v. Grunnagle*, 423 Pa. 144, 223 A.2d 663 (1966).
14. *In re Maida Yetter*, 62 Pa. D. & C.2d 619 (Northampton Co. 1972). In one case, a court held that a physician or hospital may be legally liable for failure to honor the request of a competent individual to have life support systems removed. *Estate of Leach v. Shapiro*, 13 Ohio App. 3d 393, 469 N.E.2d 1047 (1984).
    The Pennsylvania Department of Health promulgated regulations for hospitals, requiring hospitals to establish a patient's bill of rights. 28 Pa. Code section 103 *et seq.* The patient's bill of rights must include a provision that "a patient has the right to refuse any drugs, treatment or procedure offered by the hospital, to the extent permitted by law." 28 Pa. Code Section 103.22(b) (11).
15. These state interests have been recognized by many courts in other jurisdictions. *See, e.g., Bouvia v. Superior Court*, 179 Cal. App.3d 1127, 225 Cal. Rptr. 297 (1986); *Satz v. Perlmutter*, 362 So.2d 160 (Fla. App. 1978), *aff'd*, 379 So.2d 359 (Fla. 1980); *Superintendent of Belchertown v. Saikewicz*, 373 Mass. 728, 370 N.E.2d 417 (1977); *In the Matter of Quinlan*, 70 N.J. 10, 355 A.2d 647, *cert. denied*, 429 U.S. 922 (1976).
16. *See In the Matter of Requena*, 213 N.J. Super. 475, 517 A.2d 886, *aff'd*, 517 A.2d 869 (1986).
17. *In the Matter of Kathleen Farrell*, 212 N.J. Super. 294, 514 A.2d 1342 (1986), *aff'd* (N.J. 1987).
18. *Foody v. Manchester Memorial Hospital*, 482 A.2d 713 (1984); *In re Quinlan*, 70 N.J. 10, 355 A.2d 647, *cert. denied*, 429 U.S. 922 (1976); *Bouvia v. Superior Court*, 179 Cal. App.3d 1127, 225 Cal. Rptr. 297 (1986).
19. The patient died upon the withdrawal of life support measures.

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Join an expanding, progressive, hospital-based *private group practice* of 86,000+ exams (1850+ interventional). Excellent equipment: 5 fluro, 4 rad., 2 CT's, 2 R/T US, DVI, dedicated mammography room, 6 portable units, plus ER equipment. Top staff: 7 BC/MD's, 28 certified techs, 19 others. Truly consultative service covers 400+ bed community teaching hospital, private MRI office, new ambulatory medical pavilion, and dominates service base of 250,000+ population.
Combine good medicine with good lifestyle: reside in historic Wyoming Valley at foothills of Pocono Mountains, readily accessible to Philadelphia, New York, and many outstanding recreational areas.
You must be BC/prepared, exhibit superior diagnostic skills, and have recent training or solid experience in interventional radiology. Call 215/363-5600 or send CV to Walt Downing, c/o John Downing Associates, 50 Welsh Pool Road, Lionville, PA 19353.

John Downing Associates, Inc.
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Primary Care Alert!

If you seek *quality medicine and lifestyle,* then join one of our established or new group practices offering guaranteed income, benefits, call sharing and partnership opportunity.

Beautiful South Central PA communities require BC/Prepared primary care physicians (FM, GP, IM) for busy clinical practices, including inpatient affiliation with major community hospital and FP teaching elective.

Sound enticing? Call ASAP to discuss your professional preferences and individual needs. Direct credentials to Cheryl Freedman, Search Consultant (215/363-5600) John Downing Associates, Lionville Commons, 50 Welsh Pool Road, Lionville, PA 19353.

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Emergency physicians: You're dedicated, hardworking & smart. Are you being rewarded for it?

You're talented. Ambitious. And fully committed to being the best. But can you achieve your professional goals in your present setting? Are you interested in better opportunities to practice medicine in a challenging environment?

TSG will help you realize your goals. With 10 years of experience in placing first-rate physicians in first-rate hospitals, we offer full-time emergency and trauma positions to both board certified and board prepared physicians. Think of it: career-stability, flexible hours, highest rate paid and as much responsibility as you want.

We'll provide the support you need through incentive programs, professional education and career development. Of course, we provide full liability coverage.

Call us 7 days a week, 9am-9pm to discuss your future. If you're too busy to call, send us your resume and we'll call you.

TRAUMA SERVICE GROUP, P.C.
An Emergency and Trauma Care Consortium
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215-521-5100 800-TRAUMA-6

THE BLOOMSBURG HOSPITAL

Physicians Needed

Solo, partnership or possible group practice in Family Medicine for Board eligible or certified physicians in the Bloomsburg, Pennsylvania area.

Bloomsburg is ideally located in east central Pennsylvania along the north branch of the Susquehanna River. The area has extraordinary recreational, cultural and educational facilities that offer an excellent quality of life. Bloomsburg is the county seat; home of Bloomsburg University and gateway to the Pocono vacation land.

Join the Active Medical Staff of a 125-bed, non-profit, general acute care, JCAH accredited hospital. Economic and administrative incentive program available. Send curriculum vitae in confidence to: **D. E. Chomiak, Admin. Assistant, Bloomsburg Hospital, 549 E. Fair St., Bloomsburg, PA, 17815 or phone collect (717) 387-2271.**

Commonwealth of Pennsylvania

Department of Health

PUBLIC HEALTH PHYSICIAN 2 COORDINATOR, AIDS PROGRAM

The Pennsylvania Department of Health is searching for a highly motivated person interested in planning and organizing comprehensive statewide AIDS Prevention and Service Programs. Primary areas of responsibility include health education and risk reduction programs, epidemiologic and surveillance activities including analysis of data, HIV counselling and testing programs, research design, and treatment delivery systems design. This position also involves coordination with local health departments, community organizations and networks, grants management, and support of inter-agency coordination efforts. The position is located in Harrisburg, and is in the unclassified service. The position reports directly to the Secretary of Health.

Qualification Requirements

Four years of professional medical experience or training in the field of public health and graduation from an accredited school of medicine and completion of an internship in an approved hospital; or any equivalent combination of experience and/or training.

Necessary Special Requirement

Possession of a license to practice medicine in the Commonwealth of Pennsylvania as issued by the State Board of Medical Education and Licensure, or the State Board of Osteopathic Examiners; or eligibility for such licensure.

The salary depends on qualifications and appointments may be made at $52,440 or $54,885 annually.

Bonuses

Board-certified physicians will be eligible to receive maximum of $14,000 annually, reaching maximum of $18,000 after 5th year; other physicians will be eligible to receive maximum of $9,000 annually, reaching maximum of $13,000 after 5th year. Excellent fringe benefit package.

Please send your resume and letter of interest to Ms. Donna F. Wenger, Special Assistant to the Secretary of Health, Pennsylvania Department of Health, Room 802, Health and Welfare Building, Harrisburg, PA 17120. Applications will be accepted until January 15, 1988.

The Pennsylvania Department of Health is an Equal Opportunity Employer.

Health Care Personnel Consulting, Inc., a division of The Health Care Group, specializes in valuation and sales. We have practices currently available in the following specialty areas:

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area of 100,000. One hour from Pocono Mountains, Philadelphia, and New York City along I-78 corridor. Salary leading to partnership. Reply to Box 223, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Trained emergency medicine physician needed immediately for full-time position in busy 155-bed community hospital in central Pennsylvania. Send CV to Michael Daniloff, President, Evangelical Community Hospital, Lewisburg, PA 17837.

Primary care physicians — internists, family practice physicians — excellent practice opportunities in suburban Pittsburgh. Hospital assistance and start-up costs provided. Please send resume to Box 227, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Pediatrician — To join growing solo private practice. Two offices in suburban Pittsburgh. Immediate or July '88 opening. Part-time becoming full, with supplemental income opportunities available. Affiliated with Specialty Pediatrics, OB and local hospitals. Send C.V. to Rod Hartman, M.D., Suite 21-P Sandune Drive, Pittsburgh, PA 15239.

Family Practitioner — Needed to join three physicians at a well-established community health center located in rural southcentral Pennsylvania within forty minutes of Carlisle and Harrisburg. Competitive salary and benefits. Moving expenses paid. Contact: David Sarcone, Administrator, Perry Health Center, Loysville, PA 17047. Phone (717) 245-5866.

Internal Medicine, BC/BE, 3 person primary care office active hospital practice suburban Philadelphia — excellent opportunity with early buy in. Send CV to Box 224, PENNSYLVANIA MEDICINE, 20 Erford Rd., Lemoyne, PA 17043.

Internist — BC/BE with/without subspecialty, to join expanding Solo Practice-Philadelphia Suburb. Half time, leading to Full time, if desired. Available January 1988. Reply Box 226, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

Primary Care Center — In need of one more F.P., no OB. Instant partner; fee for service. Location: Suburb of Scranton, PA. Pop 45,000 in 5 mile radius. Send resume: Box 65, Peckville, PA 18452.

Locum Tenens — Position available in all specialties throughout the country. Work one to fifty-two weeks while you travel (expense paid) and enjoy an excellent guaranteed income. Malpractice insurance, housing and transportation provided. Contact: Locum Medical Group, 30100 Chagrin Blvd., Cleveland, OH 44124 or call (800) 752-5515.

Locum Tenens Physician — Join a comprehensive physician support service with a major medical center in south central Montana. Locum physicians provide primary care coverage (excluding routine OB) for physicians in rural Montana and Wyoming. Assignments vary in length. Reimbursement for expenses, malpractice, health insurance, CME. Call Locum Tenens Coordinator, 1-800-325-1774, or send C.V. to 1500 Poly Drive, Suite 103, Billings, MT 59102.

Primary Care Physicians-Internists-Family Practice Physicians — Excellent practice opportunities in suburban Pittsburgh. Hospital assistance and start-up costs provided. Please send resume to Box 227, PENNSYLVANIA MEDICINE, 20 Erford Road, Lemoyne, PA 17043.

New York, Western — Seeking primary care trained physicians for full time Emergency Department positions. Moderate volume. Attractive hourly compensation, plus malpractice insurance. Director position available. Contact: Emergency Consultants, Inc., 2240 S. Airport Rd., Room 27, Traverse City, MI 49684; 1-800-253-1795 or in Michigan 1-800-632-3496.

Emergency Room Physician — For growing emergency department in Northeast Pennsylvania. Full-time position for Board certified/eligible emergency physician. Competitive salary and benefits package. Contact Robert Lynn, (215) 258-7361 or send curriculum vitae to MESA, PO Box 2346, Lehigh Valley, Pennsylvania 18001.

POSITIONS WANTED

Seeking position in gastroenterology/internal medicine. Available now. Board certified in internal medicine. Board eligible in gastroenterology. British and U.S. trained. Licensed in Pennsylvania. Contact S. P. Nathan, South Baltimore General Hospital, 3001 S. Hanover Street, Baltimore, MD 21230; (301) 355-5502.

Pathologist seeking full time or regular part time position. Call (412) 788-4221.

FOR SALE

Monitor Defibrillator — American-Optical, includes heavy-duty cart and IV pole. $2000. (215) 435-3333.

FOR RENT

Family practice opportunity — Physician retired September 1. Fully equipped, nine-room first floor office space for rent to family practitioner in beautiful, historic college community. Reply to R.F. Sheely, MD, 127 W. Lincoln Avenue, Gettysburg, PA 17325.

MISCELLANEOUS

Holter monitor — Quality scanning for reel or cassette-type recorders by qualified technicians and certified cardiologists' interpretation, scan price $35. Recorders loaned, leased, or purchase new dual-channel holter recorder, $750, with two year warranty. For more information, call collect, Advanced Medical and Research Center, Inc., (313) 373-1199.

Discount holter scanning services starting at $35 — Spacelabs holter recorders available from $1,275. Hook-up kits starting at $4.95. Stress test electrodes available at 29¢. Scanning paper available at $18.95. If interested call 1-800-248-0153.

Appraisals of professional practices for buy/sell, estate planning, tax matters, divorce, etc. Also appraise present value of pensions and perform economic loss studies. Bobbi Germain, Certified Business Appraiser (717) 386-1040.

Practice Appraisal and Brokerage — Don't just close the door! Your practice may be able to be sold to a physician anxious to follow you. Our professional staff can provide you with a realistic appraisal and assistance in the transfer of your practice. Call Physician International, Practice Appraisal and Brokerage Division, 4-PM Vermont Street, Buffalo, NY 14213, (716) 884-3700.

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In acute and chronic edema due to CHF

FOR PREDICTABLE CONTROL

- **Less potassium loss for a given amount of sodium excretion than with furosemide[1-3]**
- **Predictable dose response[4]**
- **Diuresis completed hours faster than with furosemide after oral dosing[5]**
- **Better GI absorption[6,7]**
- **Early evening dosing helps prevent nocturnal dyspnea**

As with all loop diuretics, excessive doses of BUMEX can lead to profound diuresis with water and electrolyte depletion, including hypokalemia, so serum electrolytes should be monitored.

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0.5-mg, 1-mg and 2-mg scored tablets; 2-ml ampuls and 2-ml, 4-ml and 10-ml vials (0.25 mg/ml)

References: 1. Flamenbaum W: *Am J Cardiol 57*(2):38A-43A, 1986. **2.** Brater DC, Fox WR, Chennavasin P: *J Clin Pharmacol 21*:599-603, 1981. **3.** Iber FL, Baum RA: *J Clin Pharmacol 21*:697-700, 1981. **4.** Henning R, Lundvall O: *Eur J Clin Pharmacol 6*:224-227, 1973. **5.** Physicians' Desk Reference, 40th ed. Oradell, NJ, Medical Economics Company, 1986, pp. 939, 1480. **6.** Pentikainen PJ, *et al: Br J Clin Pharmacol 4*:39-44, 1977. **7.** *Lasix, A Review.* Somerville, NJ, Hoechst-Roussel Pharmaceuticals, Inc., 1980

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0.5-mg, 1-mg and 2-mg scored tablets
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Before prescribing, please consult complete product information, a summary of which follows:

WARNING: Bumex (bumetanide/Roche) is a potent diuretic which, if given in excessive amounts, can lead to a profound diuresis with water and electrolyte depletion. Therefore, careful medical supervision is required, and dose and dosage schedule have to be adjusted to the individual patient's needs. (See under DOSAGE AND ADMINISTRATION in complete product information.)

INDICATIONS AND USAGE: Edema associated with congestive heart failure, hepatic and renal disease, including the nephrotic syndrome.
Almost equal diuretic response occurs after oral and parenteral administration of Bumex. If impaired gastrointestinal absorption is suspected or oral administration is not practical, Bumex should be given by the intramuscular or intravenous route.
Successful treatment with Bumex following instances of allergic reactions to furosemide suggests a lack of cross-sensitivity.
CONTRAINDICATIONS: Anuria. Hypersensitivity and in patients in hepatic coma or in states of severe electrolyte depletion. Although Bumex can be used to induce diuresis in renal insufficiency, any marked increase in blood urea nitrogen or creatinine, or the development of oliguria during therapy of patients with progressive renal disease, is an indication for discontinuation of treatment
WARNINGS: Dose should be adjusted to patient's needs. Excessive doses or too frequent administration can lead to profound water loss, electrolyte depletion, dehydration, reduction in blood volume and circulatory collapse with the possibility of vascular thrombosis and embolism, particularly in elderly patients
Prevention of hypokalemia requires particular attention in patients receiving digitalis and diuretics for congestive heart failure, hepatic cirrhosis and ascites, states of aldosterone excess with normal renal function, potassium-losing nephropathy, certain diarrheal states, or other states where hypokalemia is thought to represent particular added risk to the patients
In patients with hepatic cirrhosis and ascites, sudden alterations of electrolyte balance may precipitate hepatic encephalopathy and coma. Treatment in such patients is best initiated in the hospital with small doses and careful monitoring of the patient's clinical status and electrolyte balance. Supplemental potassium and/or spironolactone may prevent hypokalemia and metabolic alkalosis in these patients.
In cats, dogs and guinea pigs, Bumex has been shown to produce ototoxicity. Since Bumex is about 40 to 60 times as potent as furosemide, it is anticipated that blood levels necessary to produce ototoxicity will rarely be achieved. The potential for ototoxicity increases with intravenous therapy, especially at high doses
Patients allergic to sulfonamides may show hypersensitivity to Bumex.
PRECAUTIONS: Measure serum potassium periodically and add potassium supplements or potassium-sparing diuretics, if necessary. Periodic determinations of other electrolytes are advised in patients treated with high doses or for prolonged periods, particularly in those on low salt diets.
Hyperuricemia may occur. Reversible elevations of the BUN and creatinine may occur, especially with dehydration and in patients with renal insufficiency. Bumex may increase urinary calcium excretion
Possibility of effect on glucose metabolism exists. Periodic determinations of blood sugar should be done, particularly in patients with diabetes or suspected latent diabetes.
Patients should be observed regularly for possible occurrence of blood dyscrasias, liver damage or idiosyncratic reactions
Especially in presence of impaired renal function, use of parenterally administered Bumex should be avoided in patients to whom aminoglycoside antibiotics are also being given, except in life-threatening conditions.
Drugs with nephrotoxic potential and bumetanide should not be administered simultaneously.
Since lithium reduces renal clearance and adds a high risk of lithium toxicity, it should not be given with diuretics
Probenecid should not be administered concurrently with Bumex
Concurrent therapy with indomethacin not recommended
Bumex may potentiate the effects of antihypertensive drugs, necessitating reduction in dosage
Interaction studies in humans have shown no effect on digoxin blood levels
Interaction studies in humans have shown Bumex to have no effect on warfarin metabolism or on plasma prothrombin activity.
Pregnancy: Bumex should be given to a pregnant woman only if the potential benefit justifies the potential risk to the fetus
Bumetanide may be excreted in breast milk
Pediatric Use: Safety and effectiveness below age 18 not established
ADVERSE REACTIONS: Muscle cramps, dizziness, hypotension, headache and nausea, and encephalopathy (in patients with preexisting liver disease)
Less frequent clinical adverse reactions are weakness, impaired hearing, rash, pruritus, hives, electrocardiogram changes, abdominal pain, arthritic pain, musculoskeletal pain and vomiting
Other clinical adverse reactions are vertigo, chest pain, ear discomfort, fatigue, dehydration, sweating, hyperventilation, dry mouth, upset stomach, renal failure, asterixis, itching, nipple tenderness, diarrhea, premature ejaculation and difficulty maintaining an erection.
Laboratory abnormalities reported are hyperuricemia, azotemia, hyperglycemia, increased serum creatinine, hypochloremia, hypokalemia, hyponatremia, and variations in CO_2 content, bicarbonate, phosphorus and calcium. Although manifestations of the pharmacologic action of Bumex, these conditions may become more pronounced by intensive therapy
Diuresis induced by Bumex may also rarely be accompanied by changes in LDH, total serum bilirubin, serum proteins, SGOT, SGPT, alkaline phosphatase, cholesterol, creatinine clearance, deviations in hemoglobin, prothrombin time, hematocrit, platelet counts and differential counts. Increases in urinary glucose and urinary protein have also been seen
DOSAGE AND ADMINISTRATION:
Oral Administration: The usual total daily dosage is 0.5 to 2.0 mg and in most patients is given as a single dose
Parenteral Administration: Administer to patients (IV or IM) with GI absorption problem or who cannot take oral. The usual initial dose is 0.5 to 1 mg given over 1 to 2 minutes. If insufficient response, a second or third dose may be given at 2 to 3 hour intervals up to a maximum of 10 mg a day
HOW SUPPLIED: *Tablets,* 0.5 mg (light green), 1 mg (yellow) and 2 mg (peach), bottles of 100 and 500; Prescription Paks of 30; Tel-E-Dose® cartons of 100. Imprint on tablets: 0.5 mg—ROCHE BUMEX 0.5; 1 mg—ROCHE BUMEX 1; 2 mg— ROCHE BUMEX 2
Ampuls, 2 ml, 0.25 mg/ml, boxes of ten.
Vials, 2 ml, 4 ml and 10 ml, 0.25 mg/ml, boxes of ten.

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In acute and chronic edema due to CHF

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